Handbook for Occupational & Physical Therapy Services in the Public Schools of Virginia

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Handbook for
Occupational & Physical Therapy Services
In the Public Schools of Virginia

Developed by
OT/PT Handbook Development Committee

For
Special Education Instructional Services
Department of Education
Richmond, Virginia

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Section I: Introduction

Purpose

The purpose of this handbook is to guide the provision of school-based therapy services in order to support the educational goals of students with disabilities. This revision of the *Handbook for Occupational and Physical Therapy Services in the Public Schools of Virginia* is a resource document to provide information about occupational therapy (OT) and physical therapy (PT) services in Virginia's public schools.

As a source of information and suggestions for implementing these services, the handbook is not regulatory. Its intent is to supplement, not to replace, *Regulations Governing Special Education Programs for Children with Disabilities in Virginia* and local school board policy.

The handbook is written for special education administrators, school personnel responsible for 504 and/or service plans, and providers of occupational and physical therapy services. In addition, it may benefit parents, teachers, and other professionals. In Virginia, Boards of the Virginia Department of Health Professions regulate occupational and physical therapy. Medical terminology is used in those regulations. In this document, medical terminology has been adapted, where appropriate, to reflect the educational language that is used in the provision of occupational and physical therapy services.

Background

Laws and regulations, both federal and state, mandate that all students have available to them a free and appropriate public education (FAPE) that includes special education and related services. *FAPE* is a statutory term that includes special education and related services to be provided in accordance with an individualized education program (IEP). *Related services* means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education. Related services include speech-language pathology and audiology services; interpreting and transliterating; psychological services; physical and occupational therapy; recreation, including therapeutic recreation; early identification and assessment of disabilities in children; counseling services, including rehabilitation and psychological counseling; orientation and mobility services; medical services for diagnostic or evaluation purposes; school health services; social work services in schools; and parent counseling and training.

Local educational agencies (LEAs) are mandated to provide the related services of occupational and/or physical therapy when a student requires them to benefit from special education and/or to access the general education curriculum. The student's school-based therapy needs should directly relate to and support his or her academic program. Occupational and physical therapy services are provided only when a student is unable to benefit from special education and/or to access the general education curriculum without these services. Occupational and/or physical therapy services must be provided when specified in a student's IEP, service plan, or educational plan as defined by the Rehabilitation Act of 1973, Section 504, and its amendments.

Definition of Occupational Therapy

According to the Individuals with Disabilities Education Act (IDEA) and Virginia special education regulations, *occupational therapy* means services provided by a qualified occupational therapist or services provided under the direction or supervision of a qualified occupational therapist. Occupational therapy includes

- Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation
- Improving ability to perform tasks for independent functioning when functions are impaired or lost
- Preventing, through early detection and intervention, initial or further impairment or loss of function.

Based on *Occupational Therapy Services for Children and Youth Under Individuals with Disabilities Education Act* (2nd ed.), 1999, occupational therapy services are designed to help families, educational personnel, and other caregivers improve the student's participation in school, home, and community settings. Occupational therapy services include

- Identification, referral, assessment, intervention, and consultation
- Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices and other technology to facilitate development and promote the acquisition of functional skills
- Preventing or minimizing the impact of initial or future impairment, delay in development, or loss of functional ability as it relates to educational goals.

According to the Occupational Therapy Practice Framework (AOTA, 2002), occupational therapy services support the educational team and help the student to engage successfully in purposeful and meaningful school occupations (Swinth et al., 2003). Outcomes are related to the primary occupation areas of education, activities of daily living (self care), play / leisure, and social participation. As a student matures and is preparing for independent living, the areas of work and instrumental activities of daily living (e.g., home management skills, money management, and safety procedures) may be supported by occupational therapy. Occupational therapy services may address performance skills (motor, process, communication / interaction), performance patterns (habits, routines, and roles), context (cultural, physical, and social), activity demands, and student factors (body functions and structures).

Qualifications of the Occupational Therapist

Educational Requirements: The occupational therapist must have an entry-level bachelor's, master's, or doctoral degree in occupational therapy from an approved and accredited occupational therapy program as verified by the Accreditation Council for Occupational Therapy Education (ACOTE). As of January 2007, all entry-level programs will be required to be at the master's degree level.

Licensure and Registration Requirements: In Virginia, the Board of Medicine of the Virginia Department of Health Professions regulates the practice of occupational therapy. An occupational therapist who provides therapy services in the school must be licensed by the Virginia Board of Medicine. A graduate of an accredited occupational therapy educational program may practice with the designated title of Occupational Therapist, License Applicant (or OTL-Applicant) until he or she has taken and received the results of the licensure examination from the National Board for Certification in Occupational Therapy (NBCOT) or for one year from the date of graduation, whichever occurs sooner. After passing the certification examination, the graduate shall use the designated title (OTR) or any identification or signature in the course of his or her practice (18 VAC 85-80-41). Then the occupational therapist must receive licensure from the Virginia Board of Medicine to practice as a licensed occupational therapist (OTR/L). This license must be renewed every two years, and the Board further mandates data evidence of required biennial continuing competencies of 20 hours of learning activities.

A copy of *Regulations for the Licensure of Occupational Therapists* (18 VAC 85-80-10 et seq.) may be found at <http://www.dhp.state.va.us/medicine>.

Questions should be addressed to

Department of Health Professions
6603 West Broad Street
Fifth Floor
Richmond, VA 23230-1712
(804) 662-9000

Licensed occupational therapists may choose to continue to be registered through NBCOT and use the designation OTR. However, continued NBCOT registration is not required to practice in the state of Virginia once licensure is obtained. Further information regarding registration is available at <http://www.nbcot.org/> or (301) 990-7979.

Educational Background of the Occupational Therapist

An occupational therapist's course work includes the study of anatomy, neuroscience, human development, and behavior with emphasis on life span occupations, health and prevention. Content related to disease, disability (congenital, developmental, acute and chronic disease processes; psychological), and injury is included. Additionally, studies include occupational therapy theory and practice, activity analysis, occupational therapy evaluation, intervention and implementation, assistive technology, management of occupational therapy services, research, ethics, and supervised fieldwork.

Qualifications of the Occupational Therapy Assistant (OTA)

An occupational therapy assistant (OTA) graduates from an approved or accredited occupational therapy assistant program that awards an associate degree or a certificate. In addition, an occupational therapy assistant may choose to take the certification

examination administered by NBCOT to become a certified occupational therapy assistant (COTA). Virginia currently does not regulate or license occupational therapy assistants.

Educational Background of the Occupational Therapy Assistant

An occupational therapy assistant's course work from an approved or accredited program includes the study of the structure and function of the human body; sensorimotor, psychosocial, and cognitive development; and human behavior. The program includes the studies of conditions commonly referred for occupational therapy, occupational therapy principles and practice skills, occupational therapy process, and supervised fieldwork.

Definition of Physical Therapy

According to Virginia special education regulations, *physical therapy* means services provided by a qualified physical therapist or under the direction or supervision of a qualified physical therapist upon medical referral and direction (as needed). According to the American Physical Therapy Association (APTA) *Guide to Physical Therapist Practice*, 2nd Ed. (APTA, 2001), *physical therapy* means services provided by or under the direction and supervision of a physical therapist and includes:

- Examining individuals with impairments, functional limitations, and disability or other health-related conditions for diagnosis, prognosis, and intervention
- Alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic intervention
- Preventing injury, impairment, functional limitations, and disability, including the promotion and maintenance of fitness, health, and quality of life in all populations; and
- Engaging in consultation, education, and research.

In the educational setting, physical therapy addresses the ability to move parts of the body, to assume and maintain postures, and organize movement into functional gross motor skills. Physical therapists work with students to build strength and endurance for functional mobility (e.g., climbing stairs, opening doors, moving about the school, carrying materials, accessing the playground, participating in field trips).

Qualifications of the Physical Therapist

Educational Requirements: The physical therapist must have an entry-level bachelor's, master's, or doctoral degree in physical therapy from an accredited physical therapy program as approved by the American Physical Therapy Association. Currently, all entry-level programs for physical therapy are at the master's degree level.

Licensure: The physical therapist must pass the physical therapy licensure examination and hold a current Virginia license to practice as issued by the Virginia Board of Physical

Therapy. This license must be renewed every two years, and the Board further mandates data evidence of required biennial continuing competencies of 30 hours of learning activities. An unlicensed graduate of an accredited physical therapy program may be employed under the direct supervision of a physical therapist. Supervision of unlicensed graduates is defined as "a physical therapist is present and fully responsible for the activities performed by the unlicensed physical therapist." For additional information refer to 18 VAC 112-20-70.

A copy of *Regulations Governing the Practice of Physical Therapy (18 VAC 112-20-10 et seq.)* may be found at <http://www.dhp.state.va.us/PhysicalTherapy>.

Questions should be addressed to

Department of Health Professions
6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712
(804) 662-9000

Educational Background of the Physical Therapist

The pre-physical therapy college education program includes courses in psychology, biology, physics, statistics, chemistry, professional writing, and humanities. The professional program covers basic and clinical medical science courses, the theory and practice of physical therapy, assistive technology, and research. The curriculum provides opportunities to apply and integrate theory through extensive clinical education in a variety of practice settings.

Qualifications of the Physical Therapist Assistant (PTA)

Educational Requirements: The physical therapist assistant must be a graduate of a two-year college level education program from an approved and accredited physical therapist assistant program.

Licensure: Physical therapist assistants must pass the physical therapist assistant licensure examination and hold a current Virginia license to practice as issued by the Virginia Board of Physical Therapy. This license must be renewed every two years, and the Board further mandates data evidence of required biennial continuing competencies of 30 hours of learning activities. A graduate of an accredited physical therapy program may not practice until he or she obtains a license granted by the Virginia Board of Physical Therapy.

Practice Requirements: A physical therapist assistant is permitted to perform all physical therapy functions within his or her capabilities and training as directed by a physical therapist. The scope of such functions excludes initial evaluation of students, initiation of new treatments, and alterations of the therapeutic plan. The first intervention session of the physical therapist assistant must be made only after verbal or written communication with the physical therapist regarding student status and therapeutic plan. Documentation of the communication and supervised visits must be made in

student records. The physical therapist assistant's visits must be made under general supervision (a physical therapist is available for consultation). The physical therapist must reevaluate the therapeutic plan at least once every 30 days or within 12 student visits, whichever comes first.

Legally, no one except PTs and PTAs can claim to be a physical therapist or a physical therapist assistant delivering physical therapy services. However, educational staff members may implement therapeutic activities based on the recommendations of the PT or PTA.

Educational Background of the Physical Therapist Assistant

The course of study includes two years of college-level general studies courses with an emphasis on anatomy and courses on specific physical therapy procedures. The curriculum provides opportunities to apply the specialized knowledge and procedures in clinical experiences in a variety of practice settings.

Knowledge and Experience of School-Based Therapists

School administrators should be aware that occupational therapy and/or physical therapy preservice training does not necessarily address the competencies needed by practitioners in educational settings. When an LEA is hiring or contracting for services of an occupational therapist or physical therapist, both parties should discuss expectations for service delivery and distinguish educationally and medically relevant services.

Administrators may wish to address collaborative and integrated therapy strategies with teachers and school-based therapists. Instructional focus should be on the general curriculum needs of the student. Best practice encourages an emphasis on maximizing the amount of time that the student participates in academic instruction. Therapists should be able to provide consultation across all curriculum areas appropriate to the needs of the student. Therapists can find additional information regarding grade-level curriculum at <http://www.pen.k12.va.us/VDOE/Superintendent/Sols/home.shtml>.

The following knowledge and experience are recommended to help ensure appropriate occupational therapy and physical therapy services in educational environments:

- Knowledge of current federal and state regulations, due process, and LEA policies and procedures pertaining to special education and Section 504
- Knowledge of educational and medical disabilities of students
- Ability to select/administer appropriate assessment tools and interpret/report evaluation results correctly
- Ability to evaluate the functional performance of students within an educational (school and community) environment
- Ability to participate in group decision making and planning of appropriate intervention strategies
- Ability to integrate related services to support the student's educational goals or modifications

- Knowledge of major theories, intervention strategies and research and the ability to relate that knowledge to the educational implications for students
- Ability to plan, develop, implement, evaluate, and modify activities for student-centered therapeutic intervention within the educational program
- Ability to document progress and intervention results and to relate this information to the student's educational goals
- Ability to communicate effectively (in writing and orally) and work in teams with educational personnel, administrators, parents, students, and community members
- Ability to interpret the role of therapeutic intervention within the educational program to educational personnel, administrators, parents, students, and community members.

Role of Therapists in the Educational Setting

Therapists in the educational setting are responsible for five primary roles.

Identification and Planning: The therapist assesses / evaluates students, interprets results, and plans for integrated intervention services in collaboration with the IEP team or 504 Plan committee.

Service Delivery: The therapist develops and implements integrated services based on the goals determined by the IEP team or 504 Plan committee.

Consultation and Collaboration: The therapist provides information and strategies to educational personnel, students, parents, and community agencies.

Therapy Services Administration and Management: The therapist participates in the school division's comprehensive planning process for the education of students with disabilities. The therapist is involved with establishing procedures for implementing the therapy program and participates in the administration, management, and maintenance / expansion of the therapy program. This includes documentation, recordkeeping, and supervision of therapy assistants. If the LEA participates in Medicaid reimbursement, the therapists are expected to follow the established procedures.

Professional Growth and Ethics: The therapist adheres to the ethical and legal standards of the profession to develop professionally. He or she adheres to established rules, regulations, and laws and works cooperatively to accomplish the goals of the school division. It is the responsibility of the therapist to be knowledgeable of and to implement current, effective research-based practices.

Role of OTAs and PTAs in the Educational Setting

The occupational therapy assistant provides occupational therapy services to assigned students solely under the direction and supervision of an occupational therapist. Occupational therapy assistants support the occupational therapist in assessment, program planning, education, documentation, and service delivery.

The physical therapist assistant provides physical therapy services to assigned students solely under the direction and supervision of the physical therapist. Physical therapist assistants support the physical therapist in assessment, program planning, education, documentation, and service delivery. The scope of function of the physical therapist assistant does not include initial evaluation of the students, initiation of new treatments, or alteration of the student's therapy services plan.

Supervision of the Occupational Therapy Assistant

Currently, Virginia does not regulate the practice of occupational therapy assistants. OTAs are expected to adhere to the *Occupational Therapy Code of Ethics* <http://www.aota.org/general/coe.asp> and *Standards of Practice* <http://www.aota.org/general/otsp.asp>. In addition, the *Regulations for the Licensure of Occupational Therapists* indicate that an occupational therapist must be responsible for supervision of occupational therapy personnel who work under his or her direction. The regulations also indicate that the supervising occupational therapist should meet with occupational therapy personnel to review and evaluate treatment and progress of the individual student at least once every fifth treatment session or 21 calendar days, whichever occurs first. An occupational therapist must not supervise more than six occupational therapy personnel. An occupational therapist must be responsible for any action of persons providing occupational therapy under his supervision. (18 VAC 85-80-100 et seq.)

In addition to the *Regulations for the Licensure of Occupational Therapists*, the American Occupational Therapy Association (AOTA) has established guidelines, *Guide for Supervision of Occupational Therapy Personnel in the Delivery of Occupational Therapy Services* (1999), which are available from AOTA and are presented in Appendix A.

Supervision of the Physical Therapist Assistant

Virginia regulations for PTAs specify supervision of physical therapist assistants. The physical therapist shall make the initial visit for evaluation of the student and establishment of a therapy plan. The physical therapist assistant's first visit with the student shall be made only after verbal or written communication with the physical therapist regarding the student and the therapy services plan. Documentation of the communication and supervised visits shall be made in the student records. The physical therapist assistant's visits shall be made under general supervision (a physical therapist is available for consultation). The physical therapist shall re-evaluate the therapeutic plan at least once every 30 days or within twelve student visits, whichever comes first. (VAC 112-20-100, VAC 112-20-110)

Therapy Aides

Some LEAs utilize therapy aides who do not have the same educational background as occupational therapy assistants (OTAs) or physical therapist assistants (PTAs). Occupational therapy aides are nonlicensed personnel who support the occupational

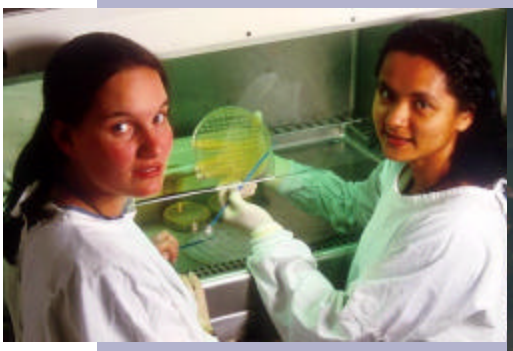
therapist. Physical therapy aides are nonlicensed personnel who support the physical therapist but may not provide services that are called physical therapy. Refer to *Regulations Governing the Practice of Physical Therapy* (18 VAC 112-20-10 et seq.) and *Regulations for the Licensure of Occupational Therapists* (18 VAC 85-80-10 et seq.).

Role Delineation of Occupational and Physical Therapists

Both occupational and physical therapists are knowledgeable about biological systems (e.g., nervous, muscular, skeletal, sensory), and movement (e.g., motor development, motor control, motor learning). However, each discipline is distinct in terms of credentials, practice standards and regulations, and functions in the school environment. Further guidance regarding professional practice is provided in the *AOTA Code of Ethics* and the *APTA Code of Ethics and Standards of Practice,* which are located in Appendix A.

Occupational and physical therapy personnel are responsible for clarifying service areas and intervention strategies within the educational setting to limit undesirable overlaps or gaps in services. An example of how a school division may delineate primary areas of responsibility for occupational therapists and physical therapists is located in Appendix B. Many of these areas listed in the chart are the regular or special education teacher's responsibility and would be addressed by them unless the expertise of the related service providers is required.

Section II: Service Delivery



A student may be considered for occupational and/or physical therapy services if he or she is eligible for special education. For a child to need occupational and physical therapy, the student must require the service to benefit from special education. "Special education means specifically designed instruction to meet the needs of a child with a disability." (*A Parent's Guide to Special Education, 2001*. Richmond: Virginia Department of Education)

The special education process dictates the provision of related services. The delivery of occupational and physical therapy services in the educational setting is driven by a student's IEP. Figure 2.1 provides an overview of the steps in the special education process. This graph may be found and explained in *A Parent's Guide to Special Education*.

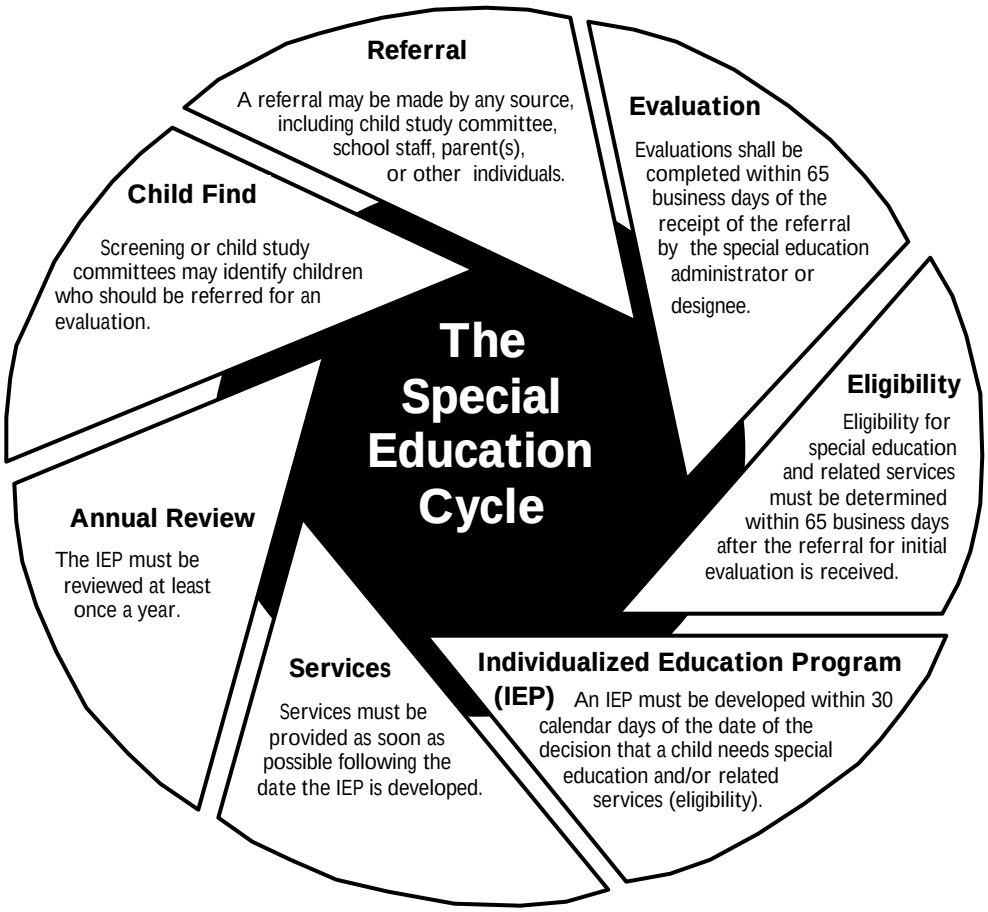


Figure 2.1

The special education process is defined by the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia.* For complete requirements, refer to these regulations at <http://www.pen.k12.va.us/VDOE/sped/laws.shtml>.

Rehabilitation Act of 1973, Section 504 Process

A student may be considered for occupational and/or physical therapy services under Section 504 of The Rehabilitation Act of 1973, as amended (Section 504). The purpose of Section 504 is to ensure that no student with a disability will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from federal financial assistance. Unlike the Individual with Disabilities Education Act (IDEA), Section 504 does not provide a specific list of categories for disabilities with strict eligibility requirements. Section 504 includes short- and long-term disabilities. *Handicapped person* is defined in Section 504 regulations as…any person who has a physical or mental impairment which substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.

In 1992, the Office for Civil Rights clarified this definition. Unless a person actually has a handicapping condition, the mere fact that he has a "record of" or is "regarded as" handicapped is insufficient. Also, the word *handicap* was replaced with *disability*.

There may be students who are not eligible for services under the IDEA who may qualify under Section 504. Similar to IDEA, Section 504 regulations provide that the students be placed with nondisabled peers to the "maximum extent appropriate to the need of the handicapped person." It further requires that the student be placed in the "regular environment" unless it is established that a satisfactory education cannot be achieved with supplementary aids and services. Also similar to IDEA, Section 504 requires the testing of children with disabilities with "frequent" reevaluation. Section 504 does not use the word *triennial.* Although less specific than IDEA, Section 504 recognizes procedural safeguards from initial evaluation through an impartial hearing with the right to counsel.

School divisions have the option of adopting IDEA requirements to fulfill Section 504 mandates. In the alternative, school divisions may develop local Section 504 policies and procedures independent of IDEA requirements. In any case, each school division is required to maintain a copy of its local policies and procedures implementing Section 504. Lastly, each school division must have a 504 Coordinator.

504 Plan

Section 504 does not require an IEP, but it does require its functional equivalent, which may be termed a 504 Plan. Team members are those knowledgeable about the child, the meaning of evaluation data, and placement options. By regulation, the parents are not required members; however, best practice supports their involvement. A free, appropriate public education (FAPE) as defined by Section 504 means regular or special education services and related aids and services that are designed to meet the individual education needs of persons with disabilities as adequately as the needs of nondisabled persons are met. School divisions are required to have procedures for implementing Section 504. Failure to comply with Section 504 and its regulations may result in the withholding of all federal funds.

Therapists have a variety of roles and responsibilities including, but not limited to

- Evaluation
- Participation in developing the student's 504 plan
- Design and construction of adaptive equipment
- Modification of the educational environment
- Consultation
- Provision of direct services.

If needed by the student, services, accommodations, and/or modifications must be provided in both academic and nonacademic settings, including extracurricular activities. Therapists should refer to their local school division's procedures for guidance.

Referral for Occupational and Physical Therapy Services

Anyone who suspects that a student needs occupational and/or physical therapy services may initiate a referral. For example, the referral may be made by a teacher, parent, physician, or therapist in the community and directed to the child study committee, school administrator, IEP team, or others as indicated by LEA policies and procedures. A therapy evaluation may be requested by an IEP team or when an initial referral for special education is made. The decision to conduct an occupational and/or physical therapy evaluation should be made by the child study committee, IEP team, or 504 plan committee.

Those referring a student for an occupational and/or physical therapy evaluation should implement the following steps, in accordance with the local school division's procedures.

- Provide written notice to the parent, and obtain written parental consent for evaluation.
- Provide the parents with a copy of *Virginia Special Education Procedural Safeguard Requirements Under The Individuals with Disabilities Education Act*. To comply with Section 504, the LEA may use the IDEA procedural safeguard document or use a document developed by the LEA to address only 504 procedural safeguard requirements.
- Inform the therapist of areas of educational concerns and proceed with the evaluation in accordance with timelines established by the local school division.

Medical Referral (Physician's Prescription)

A medical referral (physician's prescription) for occupational or physical therapy may be requested at any time by the therapist or when required by the school division. Parental permission must be obtained, following local procedures. Additionally, because of a student's medical condition, the OT and/or PT may want to obtain specific medical information before providing services. For OT evaluations and interventions, a medical referral is not required by the Code of Virginia.

A 200l revision of the Code of Virginia (§54.1-3482) states that "a licensed physical therapist may provide, without referral or supervision, physical therapy services to.... special education students who, by virtue of the individualized education plans (IEPs), need physical therapy services to fulfill the provisions of the IEPs...." The Code of Virginia does not require physical therapists to have a three-year active practice period (as defined by the Code) when the student's IEP includes physical therapy services (evaluation or intervention).

For students who do not have an IEP that includes physical therapy services, students who may be eligible for an IEP, or students who have a 504 Plan:

- Therapists with less than a three-year active practice period are required to have a medical referral for evaluation and intervention.
- Other physical therapists are not required to have a medical referral for a one-time evaluation.
- All therapists are required to have a medical referral for intervention.

When a medical referral and direction is required, any parental refusal to allow either the referral or direction by a physician should be treated as parental refusal of the physical therapy services (Memorandum, September 12, 1996 to the Executive Director of the Virginia Board of Medicine from the Assistant Attorney General).

PTAs must practice under the supervision of the licensed PT and must follow the same requirements for medical referrals as the PT. The Code of Virginia does not address experience requirements for PTAs.

Evaluation

OT and PT evaluations are requested when school teams require additional information concerning student performance in areas that may be supported by therapy intervention. The evaluations are conducted by appropriately qualified therapists and should be comprehensive and objective. Parental consent is required prior to initiation of the evaluation. The nature of the evaluation and the selection of evaluation tools are determined by a student's suspected disability and how it affects the educational program. School-based therapists are expected to evaluate the student's performance within the educational environment to determine the student's strengths and weaknesses. Occasionally, sufficient data are available from outside sources which, once reviewed by the team, may be used as the evaluation. If the data are not sufficient or educationally relevant, additional school evaluations may be warranted.

Evaluations typically include the following:

- Review of pertinent medical and educational records including the current IEP or 504 Plan, if appropriate
- Interviews with the student, parent or guardian, teacher(s) and paraprofessionals
- Observations in a variety of student contexts or environments (e.g., classroom, cafeteria, playground, job training site)

- Evaluation of activity demands that impact educational performance
- Administration of informal evaluation tools, such as self-care, functional, and behavioral checklists
- Administration of standardized assessments
- Assessment of the student's neurological, musculoskeletal, cardiopulmonary, and integumentary systems as they relate to the educational setting
- Analysis of the evaluation findings for IEP team consideration.

Assessment tools used by occupational and physical therapists in schools should be carefully chosen to evaluate the student's ability to perform in the educational setting. Those tools must provide relevant information to assist in the development of an appropriate educational program. See Appendix C for a listing of assessment tools that may be used in conjunction with structured observation.

A written report must be completed at the end of each evaluation. Educators and parents find it helpful to have OT and PT evaluations and the findings reported in layperson terms. Medical terms should be explained by definition and by application to the educational setting. In the written report, it is beneficial for the therapist to indicate that the evaluation addresses the student's ability to participate in functional, educationally relevant activities. The goals of evaluation are to

- Identify functional skills and impairments that impact the student's access to his educational program and/or his educational environment
- Assist the educational planning committee with service determination, goals, objectives, and other suggestions (e.g., equipment, modifications, referral to other disciplines).

The evidence of a delay or impairment does not necessarily mandate therapy services. Therapists offer specialized information and recommendations to support an IEP or 504 Plan team decision rather than a unilateral decision. The report should be delivered to appropriate individuals in a timely manner based on LEA procedures. See Appendix D for sample evaluation report forms from local school divisions.

Eligibility

If a student is found eligible for special education under IDEA, decisions about the need for related services are made by the IEP team. When a student is suspected of having a disability and initially referred for a comprehensive evaluation, the eligibility committee reviews the assessments and any pertinent information to determine if the child has a disability that requires special education. Once eligibility has been established, the IEP team determines if related services are needed to help the student benefit from his educational program or access the general curriculum. The assessments and/or other relevant data required for the proposed related services are forwarded to the team or committee so that appropriate decisions are made regarding the need for the related services.

Individualized Education Program

The IEP is a written plan that describes the unique educational needs of a student with a disability and identifies special education and related services required to meet those needs. The plan is developed, reviewed, and revised during an IEP team meeting. An OT/PT evaluation may be requested at an IEP meeting. Decisions about the need for and the amount of OT and/or PT services are made by the IEP team.

Therapists are not required to attend the IEP meeting but have a professional obligation to provide input regarding the decision concerning therapy services. An IEP must be in effect before special education and related services are provided to the student.

The *Present Level of Educational Performance* is a written passage describing how the disability affects the student's participation and progress in the general curriculum and the educational needs that result from the disability. For early childhood special education students, the Present Level of Educational Performance must indicate how the disability affects the child's participation in appropriate activities. This section reports baseline measurements and levels of functional skills in objective and measurable terms. Any data not easily understood needs to be explained. The Present Level of Educational Performance should provide a rationale for the other components of the IEP.

The IEP must state measurable annual goals for the student. Goals must relate to the needs of the student resulting from the disability and help the student be involved and progress in the general education curriculum. The IEP must state how progress toward the annual goals will be measured. If formal testing is to be used to measure goals, it must be stated in the IEP or parental consent must be obtained prior to the initiation of the testing. Parental consent is not required for informal or therapist-made assessments, once the student is receiving therapy services. Parents must be informed of progress as often as parents of children without disabilities are informed.

There is no requirement for specific goals for OT or PT. Performance goals should support the student throughout the educational environment with a focus on implementation integrated into the student's daily routine across all areas of the curriculum and extracurricular activities. As educational team members, therapists work closely with teachers, families, and the student (when appropriate) to identify solutions and implement strategies that help students participate in appropriate educational programs.

Service Determination

The student's needs, as identified by IEP goals, are the driving force for service determination. The IEP team must decide if the student requires OT and/or PT to benefit from his or her special education program. When looking at the provision of services, it is critical that the services allow the student to progress towards attaining the annual goals, to be involved and progress in the general education curriculum, and to the greatest extent possible, to participate with students without disabilities. The following questions may be helpful in service determination (Giangreco, 2001):

- Will the student progress on the IEP goals and receive appropriate modifications and accommodations with the assistance from staff other than OT and / or PT?
- Will the student be required to receive his education in a more restrictive environment if OT and / or PT are not provided?

The decision regarding the frequency and amount of therapy service is made by the IEP team. The team should consider how the therapy will effect the student's participation in the general education curriculum and participation with non-disabled peers. If OT and / or PT services are provided, the IEP must specify the following:

- OT and / or PT in the list of services
- Frequency of service
- Date the service will start and end
- Location of the service

The type of methodology used does not have to be listed in the IEP. Frequency of services should be stated in a manner that would indicate flexibility in a variety of educational settings. For example, scheduling services for 2 hours per month might be more beneficial than 30 minutes per week.

If the IEP team determines that OT and / or PT are not required for the student to benefit from special education and the parent / guardian disagrees with this determination, then the parent may request an independent educational evaluation, request mediation, and / or initiate a due process hearing. Refer to the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*. If the consensus of the IEP team is that school-based services are not needed, the parent / guardian may choose to obtain and pay for services outside of the public school system. This decision may be based on several conditions:

- The student has adequate and appropriate functioning across different educational environments, but the parent / guardian would like further refinement of skills.
- The student is benefiting from his special education program, but the parent / guardian would like the student to receive more therapy services.
- The student is benefiting from his special education program, but the parent wishes for the child to have intensive therapy that is medically necessary after having surgery or other medical procedures.

Delivery of Therapy Services

School-based OTs and PTs provide services to students and support to staff and families that allow students to be more successful in their educational programs. School-based therapists work closely with educational staff and families to support the students first and foremost in learning. Additionally, therapists play a valuable role in assisting school administrators in divisionwide planning and implementation issues such as building modifications and new construction, special transportation, curriculum development, safety and injury prevention, and technology.

The delivery of therapy services should be based on educational and medical research and should adhere to IDEA and No Child Left Behind (NCLB) principles. References from leading experts in school-based therapy services are available in the suggested readings found in Appendix E. Additionally, the following books serve as guiding standards for therapists working in school systems:

- O*ccupational Therapy for Children*, 4th edition *(*Case-Smith, et al., 2000)
- *Physical Therapy for Children*, 2nd edition (Campbell, et al., 2000)
- *The Consulting Therapist (*Hanft & Place, 1998)
- *Occupational Therapy Services for Children and Youth under the Individuals with Disabilities Education Act (*The American Occupational Therapy Association, Inc., 1999)
- *Providing Physical Therapy Services under Parts B & C of the Individuals with Disabilities Education Act (*McEwen, 2000).

These books have received national validation as best practices for therapists in school divisions. References from Michael Giangreco and his coworkers speak to their decades of work establishing creative and best-practice methods for the provision of related services for all students in local school divisions. With the fast-paced and ever-changing research in healthcare and education, school-based therapists must accept the responsibility for continuous learning by monitoring new research concerning the practice of school-based therapy. Therapists are obligated to monitor student progress using evidence-based practices and professional self-assessments. Web sites of interest that report updated research and peer-reviewed journal articles that will guide future practice patterns are listed in Appendix F.

The following are key considerations for the delivery of OT and PT services in the public school setting. These considerations are based on research and guidance from leading experts in the practice of therapy services in school systems:

1. **Services are provided to enable the student to benefit from his or her special education program and facilitate access to the general curriculum.**

    - Strategies should be integrated into the classroom and school environment to support learning of curriculum content.
    - Interventions should support skills that are needed for graduation with a diploma.

2. **Services are provided in the student's daily educational routine.**

    - Skills are taught across all educational settings.
    - Therapeutic activities occur throughout the school day and often are implemented by instructional staff in collaboration with the therapist.
    - Skills must be taught in naturally occurring environments.
    - Skills must be generalized across different school settings, not isolated solely with the therapist in a separate area.

3. Services are provided through a team approach.

- Team members share information, strategies, and techniques to assure continuity of services.
- Educational strategies and interventions are developed and implemented jointly by the IEP team members including the student when appropriate.
- Regular team meetings provide the communication of information and outcomes that guide the plan of activities and instruction that occurs throughout the day in the classroom, home and community.

4. Services are provided through the use of a variety of delivery models.

- Service delivery models include monitoring, consulting and working directly with the student.
- Effective therapy services generally include a combination of models to meet the unique needs of each student.

Effective therapy services include the following:

- Training parents and school staff in activities and accommodations to be implemented throughout the student's day
- Observing and critically analyzing student performance and responses that prevent the student from benefiting from his or her educational program
- Identifying, selecting, and adapting special materials and equipment
- Collaborating and coordinating with teacher and families for needed changes in instruction and in the learning environment
- Consulting with students, parents and school staff.

5. A student's need for OT and/or PT services may vary over time.

- Student therapy needs differ in intensity and in focus during the students' school years.
- These fluctuations are reflected in IEP, IFSP, or 504 plans and should be fluid and flexible, based on the immediate educational needs at any time during the student's course of study.

Consideration for services may be especially necessary during periods of transition between schools or into community activities, and when significant changes to educational and career transitions occur.

Therapist's Role in Providing Assistive Technology Services

Assistive technology (AT) services directly aid a student with a disability in the selection, acquisition, or use of an assistive technology device. State and federal regulations require that assistive technology devices and services be considered during the development of the IEP. When a student's IEP indicates that AT is necessary, occupational and physical therapists may be integral members of the team providing AT to the student. The therapist, in collaboration with other team members, may assist with providing the following AT services.

Evaluation: One of the most critical AT services is the AT evaluation that includes a functional evaluation of the student in his or her customary environment. The IEP team may determine that an AT evaluation is necessary for the student to access the general education curriculum or benefit from special education. The therapist may assist the team in completing the AT evaluation, or the LEA may have a central AT team who assists staff in all schools in evaluating students. As with other types of interventions, ongoing evaluation may be necessary to determine if modifications are needed.

Acquisition of AT Devices: An *assistive technology device* is any item, piece of equipment, or product system, whether acquired commercially, off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a student with a disability. This term includes both low technology and high technology devices. The therapist may assist in selecting, fabricating, purchasing, leasing, or otherwise acquiring AT devices for the student with a disability.

Management and Maintenance of AT Devices: The therapist may assist in designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing AT devices.

Coordination: The therapist may assist in coordinating and using other therapies, interventions, or services with AT devices, such as those associated with existing education and rehabilitation plans.

Training: The therapist may train or provide technical assistance on the use and care of an AT device to a student with a disability, the student's family, professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services or are otherwise substantially involved in the major life functions of the student.

If a student requires assistive technology to access the general education curriculum or benefit from special education services, the requirement must be documented in the student's IEP. If technology was used during an evaluation, or currently is being used, then the student's performance with the technology should be noted in the present level of educational performance. Use of AT may be the condition under which a student accomplishes an IEP goal. Generic descriptions of AT devices (not brand names) may be listed as accommodations or modifications in the IEP. In the IEP, assistive technology services may be provided by the OT or PT.

Therapists must remain current in fast changing technology supports for students. Additionally, therapists should be knowledgeable about acceptable AT accommodations that may be used in divisionwide and state testing. Updated information may be found at the Virginia Department of Education website at <http://www.pen.k12.va.us>.

Accountability

Accountability for and documentation of services provided to students is extremely important. Sample therapy forms are located in Appendix G. The AOTA and APTA have published guidelines for effective documentation. When providing services, the following strategies for ensuring accountability are beneficial:

- Data collection on IEP goals
- Ongoing assessment of student progress by the therapist
- Regular team progress reports to parents as often as progress is reported to parents of students without disabilities
- Therapist's daily log of contacts with students, parents, and staff, which must document that services are provided in accordance with the IEP
- Anecdotal / intervention notes

Reevaluation

A reevaluation shall be conducted

- If conditions warrant a reevaluation
- If the student's parent(s) or teacher requests a reevaluation
- At least once every three years.

Existing evaluation data are reviewed. A meeting may not be required. As part of a reevaluation, the school division must ensure that a group composed of the same individuals as an IEP team, and other qualified professionals as appropriate, reviews the reason for the reevaluation request, if applicable, and reviews existing evaluation data on the student, including the following?

- Evaluations and information provided by the parent or parents of the student
- Current classroom-based assessments and observations
- Observations by teachers and related services providers

The reevaluation team also identifies on the basis of the review with input from the student's parent or parents, what additional data, if any, are needed to determine the following:

- Whether the student continues to have a disability or has any additional disabilities the present levels of performance and educational needs of the student
- Whether the student continues to need special education and related services
- Whether any modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum.

The school division must administer any tests or evaluations needed in order to meet this requirement. Reevaluations must be completed within 65 working days of the receipt of referral by the special education administrator or designee. If the reevaluation is the

required three-year evaluation, it must be initiated no less than 65 working days prior to the third anniversary of the date of the previous eligibility.

If the group determines that no additional data are required to determine that the student continues to have a disability, the school division must notify the parents of the determination and their right to request further testing. This process must be considered the evaluation and no further information is required unless the parents request additional testing.

Termination of Related Services

The IEP team, which includes the therapist, makes decisions concerning the continued need for OT and/or PT services. The team should again consider the guideline questions in the Service Determination section used during the initial decision to add services. Parental consent is necessary for termination of OT and/or PT services, and the IEP must be amended to reflect this change. If the parent does not consent to termination, refer to the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia* and the LEA policies and procedures for resolution of such disputes.

Section III: Administration of Therapy Services

Options for Acquiring Occupational and Physical Therapy Services

School divisions have a variety of options when acquiring therapy services for schools. The division may choose to hire occupational and physical therapists through direct employment either on a full-time or part-time basis. They may choose to establish a contractual agreement through private practitioners, therapy clinics, home health agencies, health departments, or hospitals. School divisions may choose a combination of these options to meet their needs. In the case of an absence or unavailability of a therapist, or a vacancy that cannot be filled, the provision of contracted services may prevent the school division from needing to provide compensatory therapy services.

As school divisions explore the possibility of acquiring services, they need to examine long-term options as well as short-term strategies. Underpaying or understaffing could result in high therapist turnover and poor continuity of student support. The number of students requiring services and the availability of therapists in the area may influence the options chosen by the school division.

In cases of direct employment, the therapist is generally a full-time school employee with benefits or a part-time employee with no or limited benefits. School divisions have the option of sharing a therapist with neighboring divisions. School divisions are responsible for recruitment, verification of credentials, retention, and liability of the therapist. The therapist receives training directly from the school division, generally with other special education teachers and related service providers. Services are provided in educational environments as indicated in the students' IEPs. The school division reimburses travel expenses and furnishes tools, materials, and tests for the therapist to perform his or her work. The therapist is an integral part of the school team for cooperative planning with other staff and for observation of students during activities.

When hiring a therapist, the school division will need to determine the number of hours per day the therapist will work as well as the number of days per week. Division administrators also need to decide whether the therapist will fill a 10-, 11-, or 12- month position. They need to consider the benefits the therapist may receive, including continuing education, relocation expenses, insurance, retirement, sick leave, payment of licensure/certification fees, and payment of professional dues. It is common practice for therapists to obtain and provide proof of professional malpractice insurance. In certain situations, therapists' salaries and benefits may need to be significantly different from teacher salaries and benefits to attract therapists to these positions. However, school division employment is attractive to many therapists because of 10-month employment, summers off, breaks during the school year, and shortened working days.

Contracted services can provide full- and part-time services based on school divisions' needs at a given time. A contractor negotiates payment with the school division. Frequently, he or she may bill Medicaid for reimbursement. The contractor is responsible for his or her own taxes, insurance, and other benefits. Clinics and hospitals that offer contract services may want the students transported to their sites rather than providing services in the school setting. However, this is not a recommended practice, as it reduces students' access to the instructional program. Contractors are generally responsible for

their own travel and usually furnish their own tools, materials, and tests to perform the work. A contracted therapist provides the amount of services as indicated in the students' IEPs. A contract for services may limit the number of hours a therapist is able to work, and additional hours would require further negotiations. Depending on the contractual agreement, it may be difficult for the therapist to be included as an active team member.

The contract should specify the obligations of the school division, contractors, and therapists. The school division will identify the students to be served, the therapist's hours, and any therapy assistants that require supervision. Contracted therapists are required to follow school division policies and procedures and assure student confidentiality. The contractor must provide documentation of the therapist's qualifications and licensure and proof of liability and malpractice insurance. The therapist should have orientation and training in school-based therapy services.

Many aspects of a contract for therapy services are negotiable. Contractual considerations include timelines for completion of evaluations, IEPs, reports, and billing. The contract must specify the fee structure. Parties should consider whether there will be a set hourly fee or separate fees for intervention, travel, documentation, and meetings. Conditions for changing the contract to provide for more or fewer services as well as termination of the contract should be indicated. In addition, provisions for equipment, clerical support, and therapy space may need to be included as part of the contract. Before final approval, the school division's attorney and appropriate staff should review the agreement for possible legal issues and hidden costs.

Interviews

The interview process is helpful in determining if the therapist has the skills necessary to meet the needs of students in the educational setting. Educational, licensure, and registration requirements are discussed in detail in Section I. Therapists and assistants should provide copies of their required credentials as part of the application process. Prospective employers may request oral as well as written references from current and previous employers.

Topics to guide interview questions include the following:

- Academic and professional experiences that enhance their skills to work in an educational environment
- Knowledge, skills, and training that support school-based therapy practice
- Understanding of IDEA, *Regulations Governing Special Education Programs for Children with Disabilities in Virginia,* and Section 504 of the Rehabilitation Act of 1973
- Proficiency in test administration and analysis of data as it relates to the student's ability to benefit from special education and to access the general education curriculum
- Ability to write measurable student goals that directly relate to and support the student's academic program
- Competency in planning and implementing educationally relevant strategies and activities that directly relate to and support the student's academic program

- Ability to determine appropriate educationally relevant services and service levels
- Skill in providing a variety of integrated therapy models, including consultation and collaboration
- Ability to document student progress and outcomes and to relate this information to the student's educational goals
- Ability to work effectively as a member of a multi-disciplinary team
- Ability to communicate effectively both orally and in writing with students, parents, educational personnel, and other professionals
- Organizational skills as they relate to documentation, scheduling, and time management
- Importance of professional growth, confidentiality, and professional ethics.

Recruitment Resources

Occupational therapy and physical therapy are growing professions with practitioners facing increasing competition for employment in school divisions, rehabilitation services, and sports medicine. School divisions will need to be proactive, creative, and vigilant in recruiting and retaining therapists. The use of multiple recruitment resources and documentation of all recruitment efforts are essential. In addition to the resources listed below, advertising in therapy newsletters and publications as well as in local and regional newspapers is recommended.

Job Fairs and Career Centers

- A list of OT and OTA programs is available from

  American Occupational Therapy Association (AOTA)
  4720 Montgomery Lane, P. O. Box 31220
  Bethesda, MD 20824-1220
  (301) 652-2682
  Fax (301) 652-7711
  < http://www.otjoblink.org/>

- A list of the PT and PTA programs is available from

  American Physical Therapy Association (APTA)
  1111 North Fairfax Street
  Alexandria, VA 22314-1488
  (703) 684-2782, 1-800-999-2782
  Fax (703) 684-7343
  <http://www.apta.org/Career_center>

Job fairs are held at a variety of locations. Many private and public sectors, including school divisions, colleges, and universities hold job fairs. See Appendix H for addresses of Virginia colleges and universities with therapy programs.

Professional Organizations

Virginia Occupational Therapy Association (VOTA) and the Virginia Physical Therapy Association (VPTA) sponsor periodic meetings and annual conferences.

School divisions can rent exhibit space at conferences and job fairs. Contact these organizations at the following addresses:

- Virginia Occupational Therapy Association (VOTA)
  4001 Springfield Road
  Glen Allen, VA 23060
  (804) 346-4840
  <http://www.members.aol.com/VOTA>

- Virginia Physical Therapy Association (VPTA)
  111 North Fairfax Street
  Alexandria, VA 22314
  (800) 999-2782 x3235
  <http://www.vpta.org/>

Online Publication Advertisements

- OT Advance
  <http://www.advanceforot.com/>

- PT Bulletin
  <http://www.apta.org/bulletin>

- Teacher-Teacher.com
  <http://www.teachers-teachers.com/>

- Virginia Department of Education
  <http://www.pen.k12.va.us/VDOE/JOVE>

- Council for Exceptional Children (CEC)
  <http://www.cec.sped.org/>

- OT Practice
  <http://www.aota.org/>

Student Fieldwork / Affiliations
Encourage and provide school division fieldwork/affiliations for OT, COTA, PT, and PTA students.

Tuition Assistance
Many health care facilities utilize written agreements with therapy students to employ a student for one or two years following graduation in exchange for tuition and related expenses.

School divisions may want to consider this arrangement. If so, this contract should be reviewed by the school division attorney. Graduating students sometimes exercise the buy-out option of these contracts by repayment of the amount of the loan.

Career Awareness
Encourage school OTs, COTAs, PTs, and PTAs to participate in career days to recruit middle and high school students.

Retention Strategies

Historically, therapists have found working in school systems rewarding but sometimes frustrating because of isolation from their health care professional environments and peers. Salaries are also problematic in that school salaries may lag behind those of other therapy employment opportunities. School administrators may consider the following strategies to support retention of therapists:

- Offer incentives to attract therapists, such as relocation provisions and continuing education allowances.
- Provide an experienced mentor for each new therapist. If no other therapists are working in the school division, contact neighboring school divisions or university programs about possible mentors. The APTA and the AOTA have national mentor assignments that are easily accessible.
- Encourage interactions, training, and networking among therapists within the division and among various school divisions.
- Support continuing education to enhance therapists' skills and knowledge.
- Accept continuing education units (CEUs) and other contact hours in lieu of, or in addition to, graduate credits for salary advancement.
- Encourage and financially support advanced degrees, board certified specialties, and job specific certifications.
- Provide salary scales that recognize educational degree levels and years of experience in all therapy settings, both full and part-time.
- Establish career ladders for professional and salary advancements.
- Create leadership opportunities with organizational structure that recognizes added competencies and professional responsibilities.
- Participate in training of future school-based therapists by providing fieldwork and affiliations for OT and PT students.
- Maintain positive morale through shared decision-making, manageable caseloads, and administrative recognition of achievements.
- Promote a pride of "organizational belonging" with an expectation of and recognition for job-specific professional growth and advanced competencies.

Due to the role of therapists in the school setting, administrators must be cognizant of the need to provide office space, clerical and technical support, supplies, equipment, and a staff mailbox. Since therapists often serve in an itinerant position among several schools, administrators should ensure that therapists are updated regarding changes in school policies and procedures and are included in school and faculty social events.

Orientation of Therapists to the School Division

Like all new school employees, therapists need proper orientation to the school division. They may need training to understand the specifics of school-based therapy. They will need information regarding local special education policies and procedures in order to provide appropriate services. New therapists should be introduced to special education administrative and clerical staff, appropriate human resource personnel, building level administrators, special and regular education teachers, paraprofessionals, related service personnel, and other staff as appropriate. New therapists benefit from being paired with an experienced school-based therapist, if available. Therapists need to be made aware of available community services relevant to students with disabilities.

Therapists should be provided access to the following:

Virginia Department of Education documents

- *Handbook for Occupational and Physical Therapy Services in the Public Schools of Virginia*
- *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*
- *The Family Educational Rights and Privacy Act (FERPA)*
- *A Parent's Guide to Special Education*
- *Virginia Standards of Learning*
- *Dispute Resolution Options* (mediation, due process, complaints)

These documents can be found at <http://www.pen.k12.va.us/>.

School division documents

- Personnel handbook
- Special education policy/procedure manual(s)
- IEP manual
- 504 procedures manual
- School division phone and email directory
- School calendar and maps

It is recommended that each school division develop an occupational and physical therapy procedure manual, which may include the following elements:

- Job descriptions
- Organizational chart and direct line of supervision
- Performance evaluation process
- Policies related to the provision of OT and PT services
- Supervision of COTAs, PTAs, therapy aides, and student affiliates
- Description of service delivery approaches
- Referral process for OT and PT
- Evaluation and assessment procedures
- Documentation guidelines
- Samples of forms and description of how to complete the forms

- Procedures to requisition materials and equipment
- Procedures to inventory and maintain equipment
- Procedures to request travel reimbursement
- Procedures to request leave (professional and personal)
- Confidentiality requirements
- Conflict-of-interest policy

See Appendix G for sample therapy forms that may be useful.

Liability

It is essential to protect the practice of school-based therapy by appropriate levels of insurance coverage. Prior to the first day of work, administrators and therapists should work together to identify the extent of the school division's insurance coverage for general liability (personal and professional) and malpractice liability. Therapists are responsible for knowing the limits of their professional and personal liability relative to their school-based therapy duties and performances in order to protect themselves personally and to prevent undue risk to the school system. Personally transporting students is usually prohibited by school division policy. Many therapists working in school divisions purchase additional professional liability insurance that is easily obtained through the APTA, AOTA, CEC, or other professional organizations. Therapists may want to seek professional advice in determining their insurance needs.

Professional Development

The Virginia Board of Medicine and the Virginia Board of Physical Therapy mandate continuing education for OTs, PTs, and PTAs in order to maintain licensure. Section I of this handbook lists specific requirements. Therapists should identify their own educational needs and pursue continuing education programs to meet those needs. It is imperative that therapists maintain current knowledge of and skills for pediatric therapy practices in addition to educational methods and theories. Therapists must also be knowledgeable of current federal, state, and local initiatives and mandates that impact the delivery of occupational and physical therapy services.

Administrators can support professional development in the following ways:

- Paid professional leave
- Reimbursement for continuing education and reference texts / materials
- Sponsorship of workshops, courses, and regional pediatric interest groups
- Inservice training on pertinent topics

Scheduling

Therapists must allow for flexibility in scheduling to provide a variety of service delivery methods for meeting each student's needs. It is imperative that therapy services do not prevent students from accessing their academic instruction. It is not within the scope of this document to prescribe caseload numbers. However, therapists and administrators should work together to ensure that all students' IEP time requirements are met within the therapist's workday, with allowances for the following:

- Therapy scheduled to address student needs in a variety of settings (e.g., art, lunch, community-based instruction, physical education, work)
- Evaluation and assessment of students
- Supervision of assistants and paraprofessionals
- Consultation with school personnel, parents, physicians, and community agencies
- Travel time and efficient travel patterns for the itinerant therapist
- Attendance at meetings (e.g., eligibility, IEP, staff meetings, in-services, committees)
- Administrative time (e.g., documentation, planning, communication and program development)
- Fabrication, ordering, and maintenance of equipment
- Setup and clean-up time for group or individual sessions

Therapists are responsible for notifying teachers regarding their schedule. This should include changes to accommodate student needs, therapist absences, and meetings. Sample schedules are included in Appendix G.

Regulations governing special education and Section 504 require that students' IEPs and 504 plans be fully implemented. Services are not to be interrupted because of staff unavailability or lack of resources. Therapists should be knowledgeable about local policies and procedures implementing students' IEPs and 504 plans whenever there is an interruption in services due to the student's unavailability or in case there is a question of the therapists' or assistants' availability.

Work Space

Therapy services are most often provided in the student's environment (e.g., classroom, physical education class, cafeteria, playground, community). Therapy should be related to the activity occurring in the classroom at the time and not be a distraction to other students. A separate room for the delivery of therapy services is generally not appropriate, as it would remove the student from his instructional program. At times, however, a student may need to be seen in a small group or individually in an area that provides privacy and limited distraction. Appropriate space for assessment may be arranged as needed.

Office space for the therapist is required in order to address documentation of therapy services, report writing, and communication with parents, staff, and the medical community. The office should include adequate lighting and ventilation, a desk and chair, locked file cabinet, and storage space for supplies and equipment. Therapists need

access to a computer with an internet connection, telephone, fax, and copier. A staff mailbox, school e-mail address, and voicemail will enhance communication between therapists, administrators, staff, and parents.

Materials and Equipment

Materials and equipment to support the provision of therapy services are necessary, and their purchase and storage need to be addressed by administrators and therapists. The therapist or other staff within the school division may fabricate some materials requiring additional workspace and special purchasing considerations. Materials and equipment should support the goals and accommodations as stated in the student's IEP. Frequently used materials and equipment include the following:

- Positioning equipment (e.g., wedges, bolsters, standers, adapted seating, exercise mats)
- Self-help devices (e.g., spoons, zipper pulls, reachers)
- Mobility equipment (e.g., walkers, wheelchairs, scooters)
- Supplies for adapting materials and equipment (e.g., strapping, Velcro, foam, splinting supplies)
- Technology devices (e.g., switches, computers, word processors)
- Tools (e.g., wrenches, air pumps, electric knives, and electric skillets)
- Adaptive classroom tools (e.g.,, pencil grips, slant boards, self-opening scissors)
- Evaluation tools (e.g., goniometers, dynamometers, cameras)
- Assessments (e.g., test kits, protocols, manuals)

See Appendix I for a list of equipment vendors.

The therapist will also require office supplies, manuals, software, and access to a computer and the Internet. Universal precaution supplies including gloves, paper towels, and disinfectants should be provided as needed.

Student's Scholastic or Education Record

The student's scholastic record or education record is the record collected orally, in writing, or by electronic methods that is directly related to a student and maintained by a school division. The content and the management of information in the scholastic or education record are determined by federal, state, and local regulations and guidelines.

Documentation specific to OT / PT found in a student's scholastic or education record includes the following:

- Request for evaluation
- Parental notice and consent for OT and / or PT evaluation
- Parental permission for release of information to or from professionals outside of the school division
- Physician referrals, as appropriate

- Written OT and/or PT evaluations and reports—initial, reviews/updates, reevaluations
- IEP, IEP progress reports, or 504 Plan
- Intervention or service provision notations
- Parental permission for dismissal of therapy services

Additional documentation that is sometimes found in a student's scholastic or education record or is sometimes maintained in the therapist's working file includes the following:

- Narrative notes of assessment, intervention, progress, and communications
- Data on IEP goal progress
- Testing protocols
- Student work samples
- Daily log or attendance record

All components of the student's scholastic record or education record as well as the therapist's working file are subject to legal and parental review and may be subpoenaed for due process and jurisprudence cases. This includes evaluation data as well as intervention data.

Documentation

Documentation is a necessary requirement for therapy services that are given to students by school-based therapists. All therapy services should be documented, dated, and authenticated by the therapist or therapy assistant who performs the services. If the school division participates in Medicaid or other public and private insurance programs, additional and different types of documentation may be required.

Documentation should include:

- Dates and amount of service
- Reasons why therapist or student were not available for services on a scheduled date
- Contacts with parents, staff, and other professionals
- Data that measures progress for goals
- IEP progress reports
- Anecdotal/intervention notes as needed

Every page of student documentation should be properly labeled with the student's name and the date for accuracy and identification. All student information, including therapist documentation, is subject to parental and legal review. Student confidentiality is highly regulated by state and federal laws. Therapists must have parental consent prior to releasing any student information, written or verbal, to any outside agency. Discussion with other school staff should be on a need-to-know basis only. Therapists must be knowledgeable of confidentiality requirements and access-to-information rights.

Administrative Supervision and Performance Evaluation

Physical and occupational therapists should be supervised and evaluated in the same manner as all other professional employees. Supervisors of occupational and physical therapists are responsible for the evaluation of the professional behavior and job performance of the therapists providing services to students in the school division. The supervisor should be knowledgeable about the provision of therapy services in the educational setting. This person can be a therapist or a school administrator. A school division representative should have input into the evaluation of therapists hired through a private contractual agreement.

Therapists should receive routine, written evaluations of their effectiveness in meeting the standards of performance expected of them. Therapy practices should be evaluated to determine the quality and the effectiveness of the interventions and their appropriateness for the various disability groups that receive therapy services. Data that may be gathered to conduct the evaluation include the therapist's demonstration of appropriate skills in the following areas:

- Compliance with the special education and 504 processes
- Knowledge of the general education curriculum as it relates to therapy
- Selection, administration, and scoring of assessment tools
- Analysis of data and determination of relevance to educational performance
- Expertise in therapy techniques and strategies
- Management of student behavior and performance
- Consultation and collaboration with families and school staff
- Written and oral communication skills
- Therapist self-assessment
- Professional ethics and personal responsibilities, especially confidentiality
- Professional growth and development

The process for evaluation of a therapist's performance should be clear, discussed prior to employment, and reviewed as necessary. Mutual acknowledgement of the evaluation outcome is dated and signed. Should the therapist's performance not meet expected standards, school division procedures regarding corrective actions or dismissal should be followed. Sample performance appraisal criteria forms are included in Appendix J. One form might be used for both the OT and the PT.

As related services, the provision of school-based occupational and physical therapy supports the educational goals of students with disabilities. When occupational and/or physical therapy is specified in a student's IEP, 504 Plan, or services plan, these services should provide the student access to and participation in the general education curriculum. Refer to Appendices E and F for a list of suggested readings and Web sites that may further assist with the provision of occupational and physical therapy services in the public schools of Virginia.

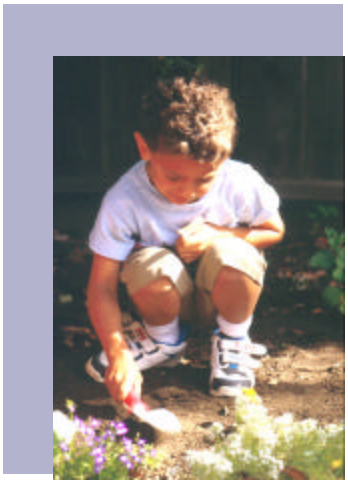
Appendices

A. Ethics and Standards
   - Guide for Supervision of Occupational Therapy Personnel in the Delivery of Occupational Therapy Services
   - Occupational Therapy Code of Ethics, 2000
   - APTA Code of Ethics for Physical Therapists (HOD 06-00-12-23)
   - APTA Standards of Practice for Physical Therapists (HOD-06-03-09-10)

B. Role Delineation
C. Assessment Tools
D. Sample Evaluation Report Forms
E. Suggested Readings
F. Web Sites
G. Sample Therapy Forms
H. Virginia College and University Therapy Programs
I. Equipment Vendors
J. Sample Performance Appraisal Criteria Forms

The materials in the following appendices are not intended to be all-inclusive. They are references and examples that may be modified for use in individual school divisions.

Appendix A: Ethics and Standards



AOTA, Guide for Supervision of Occupational Therapy Personnel in the Delivery of Occupational Therapy Services

The intent of this document is to clarify the supervisory relationships and responsibilities among the occupational therapist (OT), occupational therapy assistant (OTA), and other personnel involved in the delivery of occupational therapy services. This document does not address responsibilities for supervision of students. Supervision is a process in which two or more people participate in a joint effort to promote, establish, maintain, and/or elevate a level of performance and service. Supervision is a mutual undertaking between the supervisor and the supervisee that fosters growth and development; ensures appropriate use of training and potential; encourages creativity and innovation; and provides guidance, education, support, encouragement, and respect while working toward a goal. As described here, supervision helps promote quality occupational therapy and fosters development of the persons involved.

The American Occupational Therapy Association (AOTA) maintains that overall clinical supervision specific to the application of occupational therapy principles must be overseen by an OT. When an OT is not available to clinically supervise another OT, the OT should seek networking and mentoring opportunities with more advanced therapists to develop further knowledge and skill in the unique application of occupational therapy. OTs may also receive a portion of clinical supervision from those outside of the profession who have knowledge and skill in a discrete aspect of practice that is related to occupational therapy. For example, a hand surgeon may be very helpful in increasing a practitioner's outcomes with respect to tendon glide. However, the surgeon would not be the appropriate clinical supervisor to relate increased tendon glide to the client's desired occupational outcome. In addition, it is recognized that occupational therapy practitioners[1] may be administratively supervised by others, such as principals, facility administrators, or physicians.

Types of Supervision for Occupational Therapy Personnel

Supervision occurs along a continuum that includes close, routine, general, and minimal for the occupational therapy practitioner (AOTA, 1993a, p. 1088). Typically, entry-level OTs and OTAs require close supervision. Intermediate-level practitioners will require routine supervision, and advanced-level practitioners will require general supervision. For the occupational therapy aide who is providing client-related tasks, supervision is at the continuous level. When an aide is performing non–client-related tasks, the supervision required is determined by the supervisor (AOTA, 1999). Definitions of these levels of supervision are as follows.

Levels of Supervision Defined

Occupational Therapy Practitioners[1]

- Close supervision requires daily, direct contact at the site of work.
- Routine supervision requires direct contact at least every two weeks at the site of work, with interim supervision occurring by other methods, such as telephone or written communication.

- General supervision requires at least monthly direct contact, with supervision available as needed by other methods.
- Minimal supervision is provided only on a need basis, and may be less than monthly (AOTA, 1993a, p. 1088).

Aide[2]

Continuous supervision means that the occupational therapy supervisor is in sight of the aide who is performing delegated client-related tasks (AOTA, 1993a, p. 1090).

Occupational Therapist

OTs have the ultimate responsibility for service delivery. When services are also delivered by an OTA, it is the responsibility of the OT to be directly involved with the recipient of services during the initial assessment. Further, if an OTA is to be involved in the implementation of a treatment plan, the OTA should be included in the development of the intervention plan. The OT has the ongoing responsibility to determine how direct contact by the OT needs to be continued with the recipient of service.

By virtue of their education and training, OTs, after initial certification, are able to deliver services independently. AOTA, nevertheless, recommends that OTs receive close supervision at entry level and routine or general supervision at intermediate level (AOTA, 1993a, p. 1089).

Supervision from another, more advanced therapist helps to ensure and reinforce best practice application of core occupational therapy principles. Therapists who do not have access to formal supervision from another OT are encouraged to seek mentoring from other practitioners as a way to continue their professional growth and develop best practice approaches.

Occupational Therapy Assistant

When providing occupational therapy services, OTAs require

- close supervision at entry level
- routine supervision at intermediate level
- general supervision at advanced level (AOTA, 1993a, p. 1090).

Note: Supervision by an OT is not required when the OTA is functioning in a role outside of OT service delivery (e.g., activity director, adult day-care coordinator. The level of supervision required for an OTA is determined by the supervising OT and is based on an assessment of the OTA's skills, the demands of the job, the needs of the

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[1]Occupational Therapy Practitioner: an individual initially certified to practice as an occupational therapist or occupational therapy assistant or licensed or regulated by a state, district, commonwealth, or territory of the United States to practice as an occupational therapist or occupational therapy assistant and who has not had that certification, license, or regulation revoked due to disciplinary action (AOTA, 1998).

[2]Depending on the setting in which service is provided, "aides" may be referred to by various names. Examples include, but are not limited to, rehabilitation aides, restorative aides, extenders, paraprofessionals, and rehab techs.

service recipients, and the service setting requirements. The ultimate criteria used in selecting the level of supervision is related to the ability of the OTA to safely and effectively provide those interventions that are delegated by the OT. When new aspects of practice are delegated to the assistant, service competency[3] must be established between the supervising OT and the OTA.

Aides (AOTA, 1999)
The occupational therapy aide receives different types of supervision based on the type of tasks being supervised.

- Non–client-related tasks include clerical and maintenance activities and preparation of work area or equipment. The aide receives a level of supervision determined by the supervisor. Depending on the nature of the task assigned, this supervision generally ranges from routine to minimal.
- Client-related tasks that may be delegated to an aide include specifically selected routine aspects of an intervention session. The following factors must be present when an occupational therapy practitioner delegates a selected aspect of an intervention to an aide:

    - The outcome of the aspects being delegated is predictable.
    - The situation of the client and the environment is stable and will not require judgment or adaptations to be made by the aide.
    - The client has demonstrated some previous performance ability in executing the task. The task routine and process have been clearly established.
    - For best practice, aides should receive continuous supervision when they are carrying out delegated client-related tasks. Continuous supervision includes the task and the use of equipment, if appropriate. The aide must have been instructed specifically on how to carry out the delegated task with the specific client.

During the supervision of occupational therapy practice, it is the supervisor who is responsible for setting, encouraging, and evaluating the standard of work performed by the supervisee. In selecting the level of supervision required, factors such as type of practitioner, clinical experience, level of expertise, and roles and responsibilities need to be considered. Reassessment of supervisory needs and changes in amount of supervision may occur with changes in job demands (e.g., client population, duties, procedures), practice settings (e.g., move from nursing home to public school setting), and roles assumed (e.g., taking on the role of supervisor).

The level of supervision for all personnel is determined by the supervising OT. The level of supervision should be the one most suitable to the situation after considering the multiple factors that impact supervision. Levels of supervision should be determined after the establishment of service competency and should be reevaluated regularly for

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[3]Service competency is the process of teaching, training, and evaluating in which the occupational therapist determines that the occupational therapy assistant perform tasks in the same way that the occupational therapist would and achieves the same outcomes. If a high degree of competence cannot be assured in this process, the occupational therapist must question the appropriateness of delegating the task.

effectiveness. In all cases, it is the occupational therapy practitioner's ethical responsibility to ensure that the amount, degree, and pattern of supervision are consistent with the service competency demonstrated. As changes in the practice situation occur, the intensity of the required supervision may also change to reflect new demands.

These supervision guidelines are to assist occupational therapy practitioners in the appropriate and effective provision of occupational therapy services (see Table 1). The guidelines themselves cannot be interpreted to constitute a standard of supervision in any particular locality; rather, they indicate recommended best practice patterns and levels of supervision. All personnel are expected to meet applicable state and federal regulatory mandates, adhere to relevant Association policies regarding supervision standards, and participate in ongoing professional development activities to maintain continuing competency.

References

- American Occupational Therapy Association. (1991a). Essentials and guidelines for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, 45, 1077–1084.
- American Occupational Therapy Association. (1991b). Essentials and guidelines for an accredited educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 45, 1085–1092.
- American Occupational Therapy Association. (1993a). Occupational therapy roles. *American Journal of Occupational Therapy*, 47, 1087–1099.
- American Occupational Therapy Association. (1993b). Statement: The role of occupational therapy in the independent living movement. *American Journal of Occupational Therapy*, 47, 1079–1080. (Note. Removed from active files and placed in archives April 1999)
- American Occupational Therapy Association. (1999). Guidelines for the use of aides in occupational therapy practice. *American Journal of Occupational Therapy*, 53, 595–597. Prepared by The Commission on Practice (Mary Jane Youngstrom, MS, OTR, Chairperson). Adopted by the Representative Assembly 1999M7.

Note: This document replaces the 1994 document, *Guide for Supervision of Occupational Therapy Personnel* (American Journal of Occupational Therapy, 49, 1027–1028), which was rescinded by the 1999 Representative Assembly.

Guide for Supervision of Occupational Therapy Personnel
Table 1

Occupational Therapy Personnel		
Entry-level OT* (working on initial skill development or entering new practice) (AOTA, 1993a, p. 1088)	Not required. Close supervision by an intermediate-level or an advanced-level OT recommended.	Aides, technicians, all levels of OTAs, volunteers, Level I fieldwork students
Intermediate-level OT* (working on increased skill development and mastery of basic role functions, and demonstrates ability to respond to situations based on previous experience) (AOTA, 1993a, p. 1088)	Not required. Routine or general supervision by an advanced-level OT recommended.	Aides, technicians, all levels of OTAs, volunteers, Level I and II fieldwork students, entry-level OTs
Advanced-level OT* (refining specialized skills with the ability to understand complex issues affecting role functions) (AOTA, 1993a, p. 1088)	Not required. Minimal supervision by an advanced-level OT is recommended.	Aides, technicians, all levels of OTAs, volunteers, Level I and II fieldwork students, entry-level and intermediate-level OTs
Entry-level OTA* (working on initial skill development or entering new practice) (AOTA, 1993a, p. 1088)	Close supervision by all levels of OTs, or an intermediate or an advanced-level OTA who is under the supervision of an OT	Aides, technicians, volunteers
Intermediate-level OTA* (working on increased skill development and mastery of basic role functions, and demonstrates ability to respond to situations based on previous experience) (AOTA, 1993a, p. 1088)	Routine supervision by all levels of OTs, or an advanced-level OTA who is under the supervision of an OT	Aides, technicians, entry-level OTAs, volunteers, Level I OT fieldwork students, Level I and II OTA fieldwork students.
Advanced-level OTA** (refining specialized skills with the ability to understand complex issues affecting role functions) (AOTA, 1993a, p. 1088)	General supervision by all levels of OTs, or an advanced-level OTA who is under the supervision of an OT	Aides, technicians, entry-level and intermediate-level OTAs, volunteers, Level I OT fieldwork students, Level I and II OTA fieldwork students
Personnel other than occupational therapy practitioners assisting in occupational therapy service (aides, paraprofessionals, technicians, volunteers)*** (AOTA, 1993a, p. 1088)	For non–client-related tasks, supervision is determined by the supervising practitioner. For client-related tasks, continuous supervision is provided by all levels of practitioners.	No supervisory capacity.

* Refer to the Occupational Therapy Roles document for descriptions of entry-level, intermediate-level, and advanced-level OTs and OTAs (AOTA, 1993a).

**Although specific state regulations may dictate the parameters of certified occupational therapy assistant practice, the American Occupational Therapy Association supports the autonomous practice of the advanced certified occupational therapy assistant practitioner in the independent living setting (AOTA, 1993b, p. 1079). (Note. Removed from active files and placed in archives April 1999.)

***Students are not addressed in this category. The student role as a supervisor is addressed in the Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (AOTA, 1991a) and Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapy Assistant (AOTA, 1991b).

AOTA, Occupational Therapy Code of Ethics, 2000

Preamble

The American Occupational Therapy Association's *Code of Ethics* is a public statement of the common set of values and principles used to promote and maintain high standards of behavior in occupational therapy. The American Occupational Therapy Association and its members are committed to furthering the ability of individuals, groups, and systems to function within their total environment. To this end, occupational therapy personnel, including all staff and personnel who work and assist in providing occupational therapy services (e.g., aides, orderlies, secretaries, technicians), have a responsibility to provide services to recipients in any stage of health and illness who are individuals, research participants, institutions and businesses, other professionals and colleagues, students, and to the general public. The *Occupational Therapy Code of Ethics* is a set of principles that applies to occupational therapy personnel at all levels. These principles to which occupational therapists and occupational therapy assistants aspire are part of a lifelong effort to act in an ethical manner. The various roles of practitioner (occupational therapist and occupational therapy assistant), educator, fieldwork educator, clinical supervisor, manager, administrator, consultant, fieldwork coordinator, faculty program director, researcher / scholar, private practice owner, entrepreneur, and student are assumed.

Any action in violation of the spirit and purpose of this Code shall be considered unethical. To ensure compliance with the Code, the Commission on Standards and Ethics (SEC) establishes and maintains the enforcement procedures. Acceptance of membership in the American Occupational Therapy Association commits members to adherence to the Code of Ethics and its enforcement procedures. The *Code of Ethics, Core Values*, and *Attitudes of Occupational Therapy Practice* (AOTA, 1993), and the *Guidelines to the Occupational Therapy Code of Ethics* (AOTA, 1998) are aspirational documents designed to be used together to guide occupational therapy personnel.

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being of the recipients of their services (beneficence). Occupational therapy personnel shall provide services in a fair and equitable manner. They shall recognize and appreciate the cultural components of economics, geography, race, ethnicity, religious and political factors, marital status, sexual orientation, and disability of all recipients of their services. Occupational therapy practitioners shall strive to ensure that fees are fair and reasonable and commensurate with services performed. When occupational therapy practitioners set fees, they shall set fees considering institutional, local, state, and federal requirements, and with due regard for the service recipient's ability to pay. Occupational therapy personnel shall make every effort to advocate for recipients to obtain needed services through available means.

Principle 2. Occupational therapy personnel shall take reasonable precautions to avoid imposing or inflicting harm upon the recipient of services or to his or her property (nonmaleficence). Occupational therapy personnel shall maintain relationships that do not exploit the recipient of services sexually, physically, emotionally, financially, socially, or in any other manner. Occupational therapy practitioners shall avoid relationships or activities that interfere with professional judgment and objectivity.

Principle 3. Occupational therapy personnel shall respect the recipient and / or their surrogate(s) as well as the recipient's rights (autonomy, privacy, confidentiality). Occupational therapy practitioners shall collaborate with service recipients or their surrogate(s) in setting goals and priorities throughout the intervention process. Occupational therapy practitioners shall fully inform the service recipients of the nature, risks, and potential outcomes of any interventions. Occupational therapy practitioners shall obtain informed consent from participants involved in research activities and indicate that they have fully informed and advised the participants of potential risks and outcomes. Occupational therapy practitioners shall endeavor to ensure that the participant(s) comprehend these risks and outcomes. Occupational therapy personnel shall respect the individual's right to refuse professional services or involvement in research or educational activities. Occupational therapy personnel shall protect all privileged confidential forms of written, verbal, and electronic communication gained from educational, practice, research, and investigational activities unless otherwise mandated by local, state, or federal regulations.

Principle 4. Occupational therapy personnel shall achieve and continually maintain high standards of competence (duties). Occupational therapy practitioners shall hold the appropriate national and state credentials for the services they provide. Occupational therapy practitioners shall use procedures that conform to the standards of practice and other appropriate AOTA documents relevant to practice. Occupational therapy practitioners shall take responsibility for maintaining and documenting competence by participating in professional development and educational activities. Occupational therapy practitioners shall critically examine and keep current with emerging knowledge relevant to their practice so they may perform their duties on the basis of accurate information. Occupational therapy practitioners shall protect service recipients by ensuring that duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice. Occupational therapy practitioners shall provide appropriate supervision to individuals for whom the practitioners have supervisory responsibility in accordance with Association policies, local, state and federal laws, and institutional values. Occupational therapy practitioners shall refer to or consult with other service providers whenever such a referral or consultation would be helpful to the care of the recipient of service. The referral or consultation process should be done in collaboration with the recipient of service.

Principle 5. Occupational therapy personnel shall comply with laws and Association policies guiding the profession of occupational therapy (justice). Occupational therapy personnel shall familiarize themselves with and seek to understand and abide by applicable Association policies; local, state, and federal laws; and institutional rules. Occupational therapy practitioners shall remain abreast of revisions in those laws and Association policies that apply to the profession of occupational therapy and shall inform employers, employees, and colleagues of those changes.

Occupational therapy practitioners shall require those they supervise in occupational therapy-related activities to adhere to the Code of Ethics. Occupational therapy practitioners shall take reasonable steps to ensure employers are aware of occupational therapy's ethical obligations, as set forth in this Code of Ethics, and of the implications of those obligations for occupational therapy practice, education, and research.

Occupational therapy practitioners shall record and report in an accurate and timely manner all information related to professional activities.

Principle 6. Occupational therapy personnel shall provide accurate information about occupational therapy services (veracity). Occupational therapy personnel shall accurately represent their credentials, qualifications, education, experience, training, and competence. This is of particular importance for those to whom occupational therapy personnel provide their services or with whom occupational therapy practitioners have a professional relationship. Occupational therapy personnel shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship. Occupational therapy personnel shall refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims. Occupational therapy practitioners shall accept the responsibility for their professional actions which reduce the public's trust in occupational therapy services and those that perform those services.

Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with fairness, discretion, and integrity.(fidelity). Occupational therapy personnel shall preserve, respect, and safeguard confidential information about colleagues and staff, unless otherwise mandated by national, state, or local laws. Occupational therapy practitioners shall accurately represent the qualifications, views, contributions, and findings of colleagues. Occupational therapy personnel shall take adequate measures to discourage, prevent, expose, and correct any breaches of the Code of Ethics and report any breaches of the Code of Ethics to the appropriate authority. Occupational therapy personnel shall familiarize themselves with established policies and procedures for handling concerns about this Code of Ethics, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints. These include policies and procedures created by the American Occupational Therapy Association, licensing and regulatory bodies, employers, agencies, certification boards, and other organizations who have jurisdiction over occupational therapy practice.

References

American Occupational Therapy Association. (1993). Core values and attitudes of occupational therapy practice. *American Journal of Occupational Therapy*, 47, 1085-1086.
American Occupational Therapy Association. (1998). Guidelines to the occupational therapy code of ethics. *American Journal of Occupational Therapy*, 52, 881-884.

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Please note: AOTA cannot answer treatment questions about specific cases. Members, please provide your full name and membership number for the quickest response.

APTA, *Code of Ethics* [HOD 06-00-12-23], June 2000

PREAMBLE

This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

PRINCIPLE 1

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

PRINCIPLE 2

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

PRINCIPLE 3

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

PRINCIPLE 4

A physical therapist shall exercise sound professional judgment.

PRINCIPLE 5

A physical therapist shall achieve and maintain professional competence.

PRINCIPLE 6

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

PRINCIPLE 7

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

PRINCIPLE 8

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

PRINCIPLE 9

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

PRINCIPLE 10

A physical therapist shall endeavor to address the health needs of society.

PRINCIPLE 11

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

APTA, Standards of Practice for Physical Therapy (HOD-06-03-09-10)

Preamble

The physical therapy profession's commitment to society is to promote optimal health and function in individuals by pursuing excellence in practice. The American Physical Therapy Association attests to this commitment by adopting and promoting the following Standards of Practice for Physical Therapy. These Standards are the profession's statement of conditions and performances that are essential for provision of high quality professional service to society, and provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations

A. Ethical Considerations

The physical therapist practices according to the *Code of Ethics* of the American Physical Therapy Association.

The physical therapist assistant complies with the *Standards of Ethical Conduct for the Physical Therapist Assistant* of the American Physical Therapy Association.

B. Legal Considerations

The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.

The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the assistant.

II. Administration of the Physical Therapy Service

A. Statement of Mission, Purposes, and Goals

The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service, and the community.

B. Organizational Plan

The physical therapy service has a written organizational plan.

C. Policies and Procedures

The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the Association's standards, policies, positions, guidelines, and Code of Ethics.

D. Administration

A physical therapist is responsible for the direction of the physical therapy service.

E. Fiscal Management

The director of the physical therapy service, in consultation with physical therapy staff and appropriate administrative personnel participates in planning for, and allocation of, resources. Fiscal planning and management of the service is based on sound accounting principles.

F. Improvement of Quality of Care and Performance

The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

G. Staffing

The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient to achieve the mission, purposes, and goals of the service.

H. Staff Development

The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

I. Physical Setting

The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.

J. Collaboration

The physical therapy service collaborates with all disciplines as appropriate.

III. Patient/Client Management

A. Patient/Client Collaboration

Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services.

B. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention.

C. Plan of Care

The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, functional limitations, and disabilities.

The physical therapist involves the patient/client and appropriate others in the planning, implementation, and assessment of the plan of care.

The physical therapist, in consultation with appropriate disciplines, plans for discharge of the patient/client taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.

D. Intervention

The physical therapist provides, or directs and supervises, the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care.

E. Reexamination

The physical therapist reexamines the patient/client as necessary during an episode of care to evaluate progress or change in patient/client status and modifies the plan of care accordingly or discontinues physical therapy services.

F. Discharge/Discontinuation of Intervention

The physical therapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved.

The physical therapist discontinues intervention when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

G. Communication/Coordination/Documentation

The physical therapist communicates, coordinates and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, interventions, response to interventions, changes in patient/client status relative to the interventions, reexamination, and discharge/discontinuation of intervention and other patient/client management activities.

IV. Education

The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development. The physical therapist, and the physical therapist assistant under the direction and supervision of the physical therapist, participate in the education of students.

The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.

The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

V. Research

The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient/client management provided by the physical therapist.

VI. Community Responsibility

The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, or providing pro bono physical therapy services.

Appendix B: Role Delineation

Role Delineation

Areas of Emphasis	Physical Therapy	Overlap	Occupational Therapy
MOTOR FOUNDATION SKILLS FOR EDUCATIONAL NEEDS			
Range of Motion	x		
Strength	x		
Endurance	x		
Posture	x		
Muscle Co-Contraction		x	
SUPPORT OF MOTOR-SKILL DEVELOPMENT			
Gross Motor Skill Acquisition	x		
Fine Motor Skill Acquisition			x
Motor Planning		x	
Bilateral Coordination		x	
Visual Motor Integration (eye / hand)			x
Sitting Posture / Classroom Seating		x	
Wheelchair Positioning		x	
Adaptive Equipment / Standers	x		
SENSORY PROCESSING			
Sensory Input (including movement & spatial awareness)			x
Visual Perceptual Skill Development			x
FUNCTIONAL MOBILITY			
Equilibrium and Balance	x		
Gait Evaluation and Training: Use of Mobility Aids	x		
Wheelchair Evaluation and Training	x		
Transfer Skills	x		
School-Related Community Access	x		
SCHOOL-RELATED SELF-CARE SKILLS			
Mobility and Transfers for Self-Care / Hygiene			x
Skin Care	x		
Oral-Motor Skill Acquisition			x
Self-Care Needs (dressing, mealtime management, personal hygiene)			x
ENVIRONMENTAL ADAPTATIONS / ADAPTIVE EQUIPMENT			
Modifications & Monitoring of Splints, Orthotics		x	
Technology Equipment Use / Augmentative Communication			x
School Playground Equipment Use	x		
Building / Community Access	x		
CAREER AND TRANSITION READINESS			
Task-Specific Strength / Range of Motion / Endurance		x	
Task-Oriented Sitting Balance & Tolerance		x	
Manual Dexterity			x
Adaptive Equipment & Compensatory Strategies			x

Appendix C: Assessment Tools

Assessment Tools

Following is a list of norm-referenced, criterion-referenced, and judgment-based assessment tools commonly used by school-based therapists. Test information, such as normative data, reliability, and validity, should be scrutinized carefully prior to administration. This information can be found in several reference manuals. *Buros Mental Measurement Yearbook* is published annually and can be found at most major university libraries. An online search site, <http://www.unl.edu/buros/>, provides basic information and a reference to the exact publication in the *Buros Mental Measurement Yearbook.* Additional information regarding assessments can be found in books, such as *Compendium of Neuropsychological Tests* by Spreen and Strauss. Additionally, therapists should check with individual LEAs for specific usage and/or guidelines prior to administering these tests.

Adolescent/Adult Sensory Profile (Ages 11 years+)
This judgment-based questionnaire allows students to evaluate themselves through the use of a questionnaire format. Therapists can then assess the possible contributions of sensory processing to the student's daily performance patterns and obtain information about everyday sensory experiences and their impact on behavior.

The Psychological Corporation
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com>

Assessment, Evaluation, and Programming System-2 (Ages birth-6)
These two tests (ages 0-3, 3-6) allow professionals to gather assessment data in the areas of fine motor, gross motor, adaptive, cognitive, and social/communication.

Brookes Publishing Co.
P.O. Box 10624
Baltimore, MD 21285-0624
1-800-638-3775
<http://www.brookespublishing.com>

Batelle Developmental Inventory (Ages birth-8 years)
The Batelle is used for screening, diagnosis, evaluation, and program development. Test domains include personal-social, adaptive, motor, communication, and cognitive. It can be administered to children with known disabilities by using modifications listed in the administration manual.

Nelson Thomson Learning
1120 Birchmount Road
Scarborough, ON
M1K 5G4 Canada
1-800-268-2222
<http://www.nelson.com>

Riverside Publishing
425 Spring Lake Drive
Itasca, IL 60143-2079
1-800-323-9540
<http://www.riverpub.com/>

Carolina Curriculum for Preschoolers with Special Needs (Ages 2-5)
This curriculum-based assessment tool is used to evaluate preschoolers with disabilities in the developmental areas of cognition, communication, social adaptation, fine motor and gross motor.

Brookes Publishing Co.
P.O. Box 10624
Baltimore, MD 21285-0624
1-800-638-3775
<http://www.brookespublishing.com>

Clinical Observations of Motor and Postural Skills, Second Edition (Ages 5-15)
This assessment is a standardized screening tool for children with motor coordination problems. This test measures motor control characteristics related to cerebellar function, postural control, and motor control.

PRO-ED, Inc.
8700 Shoal Creek Boulevard
Austin, TX 78757-6897
1-800-897-3202
<http://www.proedinc.com>

Developmental Assessment of Young Children (Ages 0-5 years)
This quick screening assesses the areas of cognition, communication, social-emotional development, physical development, and adaptive behavior.

The Psychological Corporation
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com/>

Developmental Test of Visual Perception-2 (Ages 4 to 10.11 years)
This assessment measures both visual perception and visual motor integration skills. It has eight subtests (eye-hand coordination, figure ground, visual closure, copying, spatial relations, form constancy, visual motor speed and position in space).

PRO-ED, Inc.
8700 Shoal Creek Boulevard
Austin, TX 78757-6897
1- 800-897-3202
<http://www.proedinc.com>

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025-1251
1-800-648-8857
<http://www.wpspublish.com>

Developmental Test of Visual Perception-Adolescent/Adult (Ages 11.0-74.11 years)
This battery of six subtests is designed to measure different but interrelated visual-perceptual and visual-motor abilities.

PRO-ED, Inc.
8700 Shoal Creek Boulevard
Austin, TX 78757-6897
1- 800-897-3202
<http://www.proedinc.com/>

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025-1251
1-800-648-8857
<http://www.wpspublish.com/>

Developmental Test of Visual Motor Integration-4 (Ages 3-17)
This standardized test is designed to assess visual perception, visual motor skills, and motor coordination.

PRO-ED, Inc.
8700 Shoal Creek Boulevard
Austin, TX 78757-6897
1- 800-897-3202
<http://www.proedinc.com/>

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025-1251
1-800-648-8857
<http://www.wpspublish.com/>

Evaluation Tool of Children's Handwriting (Grades 1-6)
This criterion-referenced tool is designed to evaluate manuscript and cursive handwriting skills of children in Grades 1 through 6. Its focus is to assess a student's legibility and speed of handwriting tasks similar to those required of students in the classroom.

O.T. KIDS, Inc.
PO Box 1118
Homer, Alaska 99603
(907) 235-0688
<http://www.alaska.net/~otkids/etch.htm>

First Step: Screening Test for Evaluating Preschoolers (Ages 2.9 to 6.2 years)
This screening tool in a game format is used to assess cognition, communication, and motor domains. It also includes a social-emotional scale and an adaptive behavior rating scale.

The Psychological Corporation
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com>

Amazon.com

Gross Motor Function Measure (Ages 0-5 years)
This is an assessment tool that quantifies changes in the gross motor abilities of children with cerebral palsy and other disabilities.

Cambridge University Press
1-800-872-7423
<http://www.us.cambridge.org>

Hawaii Early Learning Profile (Ages 0-3)
This criterion-referenced test assesses areas of language, gross and fine motor, cognition, social/emotional, and self-help, through direct observation and/or caregiver report.

VORT Corporation
P.O. Box 60132-tx
Palo Alto, CA 94306
1-650-322-8282
<http://www.vort.com>

Hawaii Early Learning Profile for Preschoolers (Ages 3-6)
This curriculum-based assessment is for children who are "at risk" for developmental delays. It covers 622 developmental skills in the areas of cognitive, language, social/emotional, self-help, and fine and gross motor.

VORT Corporation
P.O. Box 60132-tx
Palo Alto, CA 94306
1-650-322-8282
<http://www.vort.com>

Minnesota Handwriting Assessment (First-second grade)
This assessment analyzes handwriting skills used in standard manuscript and D'Nealian styles of print. It identifies how students are performing in relationship to their peers. Scores are based on rate and five quality categories: legibility, form, alignment, size, and spacing.

The Psychological Corporation
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com>

Motor Free Visual Perception Test- Third Edition (Ages 4-85 years)
This test is designed to assess visual perception without reliance on motor skills. Tasks include matching, figure-ground, closure, visual memory, and form discrimination.

PRO-ED, Inc.
8700 Shoal Creek Boulevard
Austin, TX 78757-6897
1- 800-897-3202
<http://www.proedinc.com>

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025-1251
1-800-648-8857
<http://www.wpspublish.com>

Movement Assessment Battery for Children (Ages 4-12 years)
This screening checklist examines manual dexterity, static and dynamic balance, ball handling skills, and visual motor skills.

The Psychological Corporation
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com>

Peabody Developmental Motor Scales- 2 (Ages 0-5 years)
This early childhood motor development test contains subtests that assess motor skills in the areas of reflexes, stationary, locomotion, object manipulation, grasping, and visual-motor integration.

PRO-ED, Inc.
8700 Shoal Creek Boulevard
Austin, TX 78757-6897
1- 800-897-3202
<http://www.proedinc.com>

The Psychological Corporation
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com>

Pediatric Evaluation of Disability Inventory (Ages 6 months to 7 years)
This inventory assesses key functional capabilities and performance in the areas of self-care, mobility, and social function. It can also be used to evaluate older children whose functional abilities are lower than those of seven-year-olds without disabilities.

The Psychological Corporation
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com>

Preschool Visual Motor Integration Assessment (Ages 3 1/2- 5 1/2)
This assessment can determine visual motor integration in the areas of: position in space, spatial relationships, color and shape discrimination, attributes matching, and the ability to reproduce what is seen and visually interpreted.

Therapro, Inc.
225 Arlington Street
Framingham, MA 01702-8723
1-800-257-5376
<http://www.theraproducts.com/>

School Function Assessment (Grades K-6)
This is a judgment-based assessment for students with disabilities, identifying their strengths and needs in nonacademic functional tasks, including communication, self-care, playground skills, and social awareness/interaction.

The Psychological Corporation
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com/>

Sensory Integration Inventory-Revised for Individuals with Developmental Disabilities (Ages birth-adulthood)
This screening tool is used to assess a student's sensory processing of tactile, vestibular, and proprioceptive systems.

Therapro, Inc.
225 Arlington Street
Framingham, MA 01702-8723
1-800-257-5376
<http://www.theraproducts.com>

Sensory Profile (Ages 3-10)
This judgment-based caregiver questionnaire is used to determine how well children process sensory information in everyday situations and the possible effects on functional performance. Items are grouped by sensory processing, modulation, and behavioral and emotional responses and include sensory-seeking actions, emotional reactivity, low endurance/tone, oral sensory sensitivity, inattention/distractibility, poor registration, sensory sensitivity, sedentary, and fine motor/perceptual.

The Psychological Corporation Amazon.com
19500 Bulverde Road
San Antonio, TX 78259
1-800-872-1726
<http://www.psychcorp.com>

Sensory Profile for Infants and Toddlers (Ages 0-36 months)
This judgment-based caregiver questionnaire assesses a child's responses to various sensory experiences and describes the child's responses to the basic sensory systems. Sensory processing systems addressed in the questionnaire are auditory, visual, oral (gustatory), tactile, and vestibular.

The Psychological Corporation
19500 Bulverde Road
San Antonio, Texas 78259
1-800-872-1726
<http://www.psychcorp.com>

Appendix D: Sample Evaluation Report Forms

Confidential

CHESTERFIELD COUNTY PUBLIC SCHOOL SYSTEM
OCCUPATIONAL THERAPY EVALUATION

Parents:
Address:
Phone:
Date of Evaluation:
Date of Birth:
Chronological Age:
School:
Therapist:
Physician:
Diagnosis:

PROFILE:
_____ is a(n) _____ grade student at _____. He/she is being referred for an occupational therapy evaluation by _____ because

Current special education services include

A review of medical/developmental history indicates

This report is part of a team evaluation and will be used to determine the need for occupational therapy services in the student's educational setting. School-based occupational therapy, as a related service, may be provided in the educational setting to help students meet their educational goals when functional fine motor or sensory problems significantly affect academic progress and are not addressed by other services. Modifications, skill building, or strategies are provided to help the child be successful with the functional skills in the student role.

EQUIPMENT USED:

EVALUATION TOOLS USED:

- Goniometrics
- Strength Assessment
- Dynamometer/Pinch Meter Measurements
- Benbow Developmental Hand Skill Observations (Grades K-1)
- Benbow Observations of Neurological and Physical Developmental for Writing Skill Acquisition
- Bruininiks-Oseretsky Test of Motor Proficiency (BOTMP)-Gross and Fine Motor Subtests
- Peabody Developmental Motor Scales (PDMS)-Gross and Fine Motor Subtests
- Battelle Developmental Inventory (BDI)-Gross and Fine Motor Subtests
- Beery Developmental Test of Visual Motor Integration (VMI)
- Motor-free Visual Perception Test (MVPT)
- Functional Skills Assessment
- Wold Sentence Copying Test
- Children's Handwriting Evaluation Scale (CHES)

- Children's Handwriting Evaluation Scale-Manuscript (CHES-M)
- Teacher Interview
- Parent Reports
- Clinical Observations
- Classroom Observations
- Review of Records

EVALUATION RESULTS:

Behavior:

Classroom Observations:

Physical Assessment as it Relates to the Educational Environment:

General Characteristics:

Range of Motion:

Resistance to Passive Movement:

Strength (Muscle Performance):

Balance Reactions, Righting Reactions, and Protective Reactions:

Posture:

Skin and Soft Tissue:

Dominance / Hand Skills:

Sensory Information:

Developmental Testing:

FUNCTIONAL LEVEL IN THE EDUCATIONAL SETTING:

SUMMARY AND IMPLICATIONS FOR THERAPY IN THE EDUCATIONAL SETTING:

RECOMMENDATIONS:

_____

Occupational Therapist

CHESTERFIELD COUNTY PUBLIC SCHOOL SYSTEM
PHYSICAL THERAPY EVALUATION

NAME:
PARENTS:
ADDRESS:
PHONE:
DATE OF EVALUATION:
DATE OF BIRTH:
CHRONOLOGICAL AGE:
SCHOOL:
THERAPIST:
DIAGNOSIS:

PROFILE:

EQUIPMENT USED:

EVALUATION TOOLS USED:

Goniometrics
Strength Assessment
Peabody Developmental Motor Scales (PDMS)-Gross Motor Subtests
Hawaii Early Learning Profile (HELP)- Gross Motor Subtests
Battelle Developmental Inventory (BDI)-Gross and Fine Motor Subtests
Functional Mobility Assessment
Teacher Interview
Parent Reports
Clinical Observations
Classroom Observations
Review of Records

EVALUATION RESULTS: In school-based therapy, PTs evaluate a student's ability to participate in functional, educationally relevant activities required during the school day. A Developmental Assessment based on observation and interview is used to evaluate the student's skill and access to educational programs.

Behavior:
Developmental Assessment:
Functional Level in the School Environment:
Musculoskeletal Assessment as it Relates to the School Environment:

SUMMARY:
Summary of findings as they relate to the student's access to and participation in the student's educational program.
These evaluation results will be used by the IEP Committee to determine if PT services are needed to achieve educational goals and objectives.

SIGNATURE and DATE:

Appendix E: Suggested Readings

Suggested Readings

American Occupational Therapy Association (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 609-639.

American Physical Therapy Association, 2001. Guide to Physical Therapist Practice, 2nd Ed. ISBN 1-887759-85-9, 744 pgs.

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Case-Smith, J., Allen, A. S., Pratt, P.N. (2000). *Occupational Therapy for Children*, 4th Ed. St. Louis, MO: Mosby.

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Dunn, W., & Campbell, P. (1991) Designing pediatric service provision. *Pediatric Occupational Therapy: Facilitation Effective Service Provision.* Thorofare, NJ: Slack.

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Hall, L., Robertson, W., & Turner, M. (1992) Clinical reasoning process for service provision in the public school. *The American Journal of Occupational Therapy,* 46(10), 927-935.

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Hardy, D.D., & Roberts, P.L. (1989). The educational needs assessment on physical therapy for special educators: Enhancing in-service programming and physical therapy services in public schools. *Pediatric Physical Therapy,* 1(3), 109-114.

Holahan, A., Costenbader, V. (2000). A comparison of developmental gains for preschool children with disabilities in inclusive and self-contained classrooms. *Topics in Early Childhood Special Education,* 20.

Idol, L., Nevin, A., & Paolucci-Whitcomb, P. (1994). *Collaborative Consultation,* 3rd ed.. Austin, TX: Pro-Ed.

McEwen, I. Arnold, S., Jones, M., & Shelden, M. (2000) *Providing Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Education Act (IDEA).* Alexandria, VA: Section of Pediatrics, American Pediatrics Therapy Association.

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Swinth, Y.L., & Maillouz, Z. (2002). Addressing sensory processing in the schools. *OT Practice*, 7(2), 8-13.

Tecklin, J.S. (1999). *Pediatric Physical Therapy,* 3rd Ed. Philadelphia, PA: Lippincott Williams & Wilkins.

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York, J., Giangreco, M.F., Vandercook, T., & Macdonald, C. (1992). Integrating support personnel in inclusive classrooms. In S. Stainback and W. Stainback (Eds.) *Curriculum Considerations in Inclusive Classrooms: Facilitating Learning for All Students,* 101-116. Baltimore, MD: Paul H. Brooks Publishing Company.

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Appendix F: Web Sites

Web Sites

American Academy of Cerebral Palsy and Developmental Medicine
<http://www.aacpdm.org/>

American Occupational Therapy Association
<http://www.aota.org/>

American Physical Therapy Association
<http://www.apta.org/>

APTA Pediatric Physical Therapy Journal
<http://www.pediatricphysicaltherapy.com>

APTA Pediatric Section
<http://www.pediatricapta.org/>

Assistive Technology Training Online
<http://www.atto.buffalo.edu/>

Center for Applied Special Technology
<http://www.cast.org/>

Computer Technology in Special Education and Rehabilitation
<http://www.closingthegap.com/>

Council for Exceptional Children
<http://www.cec.sped.org/>

Department of Health Professionals Virginia
<http://www.dhp.state.va.us/>

Disability Information
<http://www.disabilityinfo.gov/>

EDLAW Center
<http://www.edlaw.net>

Educational Resources Information Center
<http://www.eric.ed.gov/>

Family Center on Technology and Disabilities
<http://www.fctd.info/>

Federal Resource Center for Children with Disabilities
<http://www.dssc.org/frc/>

IDEA Practices
<http://www.ideapractices.org/>

International Center for Disability Information
<http://www.icdi.wvu.edu/>

Job Accommodations Network
<http://janweb.icdi.wvu.edu/>

National Center for the Dissemination of Disability Research
<http://www.ncddr.org/>

National Center on Educational Outcomes
<http://www.education.umn.edu/nceo/>

National Center on Physical Activity and Disability
<http://www.ncpad.org/>

National Center on Secondary Education and Transition (NCSET)
<http://www.ncset.org/>

National Collaborative Workforce and Disability –Youth
<http://www.ncwd-youth.info/>

National Information Center for Children and Youth with Disabilities
<http://www.nichcy.org/>

National Library of Medicine
<http://www.nlm.nih.gov/>

National Library of Medicine's Medline and Pre-Medline Databases
<http://www.medportal.com/>

National Organization for Rare Disorders
<http://www.rarediseases.org/>

National Rehab Network
<http://www.medgroup.com/>

OT Systematic Evaluation of Evidence
<http://www.Otseeker.com/>

Partnerships in Assistive Technology
<http://www.pat.org/>

Pediatric Orthopedics and Pediatric Sports Medicine for Parents
<http://www.orthoseek.com/>

Pediatric Physical Therapy Journal
<http://www.pedpt.com/>

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)
<http://www.resna.org/>

Special Education NEWS
<http://www.specialednews.com/>

The Arc
<http://www.thearc.org/>

The Physiotherapy Evidence Database
<http://www.pedro.fhs.usyd.edu.au/>

United Cerebral Palsy Association
<http://www.ucp.org/>

Virginia Department of Education
<http://www.pen.k12.va.us/>

Virginia's Regional Training and Technical Assistance Centers
<http://www.pen.k12.va.us/VDOE/sped/ta.shtml>

Wheelchair Net
<http://www.wheelchairnet.org>

Appendix G: Sample Therapy Forms

Occupational and/or Physical Therapy Assessment Report Outline
(Depending on the student's needs, some or all of the following may be appropriate)

Student Identification Information:

Student:	Parents:	Physician:	Student ID:
School:	Address:	Address:	
Birth date:	Telephone:	Telephone:	
Age:	Date Tested:	Examiner:	

Reason for Referral:

parent, teacher, student educational concerns

Background Information:

medical (diagnosis, precautions)

developmental (birth history, milestones)

educational (review of IEP goals, placement, previous therapy, other related services)

Equipment:

Tests / Procedures Used:

Behavior:

Findings: (as they relate to the student's function in the school setting)

gross motor skills	fine motor skills	endurance
strength	range of motion	posture / tone
mobility	attention / organization	handwriting
visual perceptual skills	functional mobility	visual motor skills

participation in the school and community instruction (e.g., participation in PE / recess / play, cafeteria, self-care sensorimotor development (vestibular, tactile, kinesthetic, proprioceptive, visual, auditory)

Summary:

Functional performance across school and community settings

Strengths related to the educational setting

Weaknesses related to the educational setting

Relevance of findings to educational concerns

Recommendations:

Signature **Date**

cc: Student's educational record
Parent (s)
Physician
Therapist

Chesterfield County Public Schools
OFFICE OF EXCEPTIONAL EDUCATION

THOMAS FULGHUM CENTER
Occupational/Physical Therapy Department
4003 Cogbill Road
Richmond, Va. 23234
743-3738-PHONE 743-5520-FAX

OT/PT/VI INFORMATION SHEET FOR REFERRALS

CHILD'S NAME: _____ DOB: _____

SCHOOL: _____

PARENTS: _____

ADDRESS: _____

PHONE: (Home) _____(Cell) _____ (Business) _____

REASON FOR THE REFERRAL: _____
_____

CONTACT PERSON AT SCHOOL: _____

DATE OF MEETING OF COMMITTEE REQUESTING REFERRAL: _____

SE4 _____ SE4a RELEASE OF INFO. TO PHYSICIAN: _____

NAME OF PHYSICIAN: _____

ADDRESS OF PHYSICIAN: _____

SPECIAL EDUCATION PLACEMENT: _____

If referral is from Child Study Committee, is a full team evaluation being requested? _____

DATE REFERRAL PHONED/FAXED IN: _____

SERVICES REQUESTED: OT Evaluation _____ OT Observation _____ Active IEP _____

PT Evaluation _____ PT Observation _____ Active IEP _____

VI Evaluation _____ VI Observation _____

OT/PT OFFICE OT/PT OFFICE USE ONLY

☐ N/S or Further Action Recommended _____OT _____PT

_____ Date _____IEP _____CHILD STUDY

OTHER:_____

_____ STUDENT'S PLACEMENT

REPORT ATTACHED

Chesterfield County Public Schools
Schedule – Center-Based OT

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:15	Staff Meeting	Staff Meeting	OT/PT Meeting	Staff Meeting	Student
8:15-8:30	↓	↓	↓	↓	↓
8:30-8:45	↓	↓	↓	↓	↓
8:45-9:00	OT/SP in	OT/SP in	↓	OT/SP in	OT/SP in
9:00-9:15	Class	Class	Evaluations	Class	Class
9:15-9:30	↓	↓	↓	↓	↓
9:30-9:45	↓	↓	↓	↓	↓
9:45-10:00	Student	Student	↓	Student	Student
10:00-10:15	↓	↓	↓	↓	↓
10:15-10:30	Student	Student	↓	Student	Student
10:30-10:45	↓	↓	↓	↓	↓
10:45-11:00	Student	Student	↓	Student	Student
11:00-11:15	↓	↓	↓	↓	↓
11:15-11:30	Lunch	Feeding	↓	Lunch	Feeding
11:30-11:45	↓	Consults	↓	↓	Consults
11:45-12:00	Feeding	Lunch	↓	Feeding	Lunch
12:00-12:15	Consults	↓	Lunch	Consults	↓
12:15-12:30	Equipment	Student	↓	Equipment	Student
12:30-12:45	↓	↓	Home-based	↓	↓
12:45-1:00	Community	↓	↓	Community	↓
1:00-1:15	Training	In Class	↓	Training	In Class
1:15-1:30	↓	↓	↓	↓	↓
1:30-1:45	↓	↓	↓	↓	↓
1:45-2:00	↓	↓	↓	↓	↓
2:00-2:15	↓	↓	↓	↓	↓
2:15-2:30	↓	↓	↓	↓	↓
2:30-2:45	↓	↓	↓	↓	↓
2:45-3:00	↓	↓	↓	↓	↓
3:00-3:15	Staff Meeting	Staff Meeting	Paperwork	Staff Meeting	Paperwork
3:15-3:30	↓	↓	↓	↓	↓
3:30-3:45	↓	↓	↓	↓	↓
3:45-4:00	Paperwork	Paperwork	↓	Paperwork	↓
4:00-4:15	↓	↓	↓	↓	↓

Chesterfield County Public Schools
Schedule – Itinerant PT

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:15	School 1,2,3, or 4	Staff Meeting	OT / PT Meeting	School 5	Staff Meeting
8:15-8:30	Staffing once / mo.	School 7		Staffing	School 7
8:30-8:45				Student	
8:45-9:00					
9:00-9:15	Travel to	Student	Evaluations		Student
9:15-9:30	School 5			Student	
9:30-9:45	Student	Student			Student
9:45-10:00		?		Student	
10:00-10:15	Consult	Student			APE
10:15-10:30		?		Travel to	
10:30-10:45	Student	?		School 5 Annex	
10:45-11:00		Equipment		Student	Student
11:00-11:15	Student	?			
11:15-11:30		APE		Lunch	
11:30-11:45	Lunch	?			Lunch
11:45-12:00		Lunch		Travel to	
12:00-12:15	Travel to	?	Lunch	School 5	Travel to
12:15-12:30	School 6	Travel to		APE	School 8
12:30-12:45		School 8	Travel to		
12:45-1:00	Student	?	School 11,12,13		Student
1:00-1:15		Student		Student	
1:15-1:30	APE Class	?	APE or		Student
1:30-1:45		Student	Student	Travel to	
1:45-2:00	Consult	Consult		Homebased	Consult
2:00-2:15	Travel to	Travel to		Student	Travel to
2:15-2:30	School 14	School 9	Staffing		School 10
2:30-2:45	Student	Student			Student
2:45-3:00					
3:00-3:15	Staff Meeting	Staff Meeting			Staff Meeting
3:15-3:30	Paperwork	Paperwork	Paperwork	Paperwork	Paperwork
3:30-3:45					
3:45-4:00					
4:00-4:15					

2003-04

MEDICAL REFERRAL FORM

A referral is hereby made for _____ (DOB) _____

to be evaluated and treated within the Chesterfield County Public School System by a physical therapist.

DIAGNOSIS:

PROGNOSIS:

PRECAUTIONS:

REMARKS:

SIGNATURE: _____

DATE: _____

Please Return To:

Carol Davis
Thomas Fulghum Center
Chesterfield County Schools
4003 Cogbill Rd. Room 309
Richmond, VA 23234

CHESTERFIELD COUNTY PUBLIC SCHOOL SYSTEM
IEP DATA COLLECTION

Goal	Date									

Student Name:_____

NORFOLK PUBLIC SCHOOLS
Physical Therapy Notes 2003-04

Date	Notes

2003/2004 OT /PT Therapy Notes for ___________________________

Goals & / or Objectives: Criteria

1.

2.

3.

4.

5.

Week of: ___________

Activity	Comments/Progress:
❒ Worked on IEP Goals ❒ Consulted w / ______________________ ❒ Equipment Management ❒ Positioning ❒ Training: __________________________ ❒ Other	

Week of: ___________

Activity	Comments/Progress:
❒ Worked on IEP Goals ❒ Consulted w / ______________________ ❒ Equipment Management ❒ Positioning ❒ Training: __________________________ ❒ Other	

Week of: ___________

Activity	Comments/Progress:
❒ Worked on IEP Goals ❒ Consulted w / ______________________ ❒ Equipment Management ❒ Positioning ❒ Training: __________________________ ❒ Other	

Week of: _____

Activity	**Comments/Progress:**
❒ Worked on IEP Goals ❒ Consulted w / _____ ❒ Equipment Management ❒ Positioning ❒ Training: _____ ❒ Other	

Week of: _____

Activity	**Comments/Progress:**
❒ Worked on IEP Goals ❒ Consulted w / _____ ❒ Equipment Management ❒ Positioning ❒ Training: _____ ❒ Other	

Week of: _____

Activity	**Comments/Progress:**
❒ Worked on IEP Goals ❒ Consulted w / _____ ❒ Equipment Management ❒ Positioning ❒ Training: _____ ❒ Other	

Week of: _____

Therapist Signature _____

Therapist Signature _____

School Year:_____ Physician:_____

NORFOLK PUBLIC SCHOOLS

PHYSICAL THERAPY END OF YEAR SUMMARY

Student:: _____ DOB _____
School:_____
Handicapping Condition / Diagnosis: _____
Precautions:_____
_____

Areas Addressed This School Year:

- ❒ Accessibility Issues _____
- ❒ Ambulation _____
- ❒ Motor Skills_____
- ❒ Safety Concerns _____
- ❒ Skin Integrity _____
- ❒ Staff Training _____
- ❒ Wheelchair Mobility _____
- ❒ Other _____

Positioning / mobility Equipment Used at School:

_____
_____
_____
_____
_____

School Physical Therapy Summary:

_____
_____
_____
_____
_____

Therapy Plan / Issues to Consider for Next School Year:

_____
_____
_____
_____
_____
_____

_____ _____

Signature / Title Date

4 / 2002 Form

CHESTERFIELD COUNTY PUBLIC SCHOOLS
2003-2004 OCCUPATIONAL THERAPY END OF YEAR SERVICES SUMMARY

STUDENT: «FirstName» «LastName»	OT SERVICES: «Current_OT_Services»
SCHOOL: «School»	STAFFING:
GRADE:	CASE MANAGER:
DOB: «DOB»	PHONE:
SPECIAL ED PLACEMENT: «Sp_Ed_Svc»	E-MAIL:
DIAGNOSIS:	LOCATION:
PARENTS: «Parents»	AIDE / NURSE:
PHONE: «Phone»	PHONE:
E-MAIL:	E-MAIL:
COMMUNICATION: notebook / note monthly	☐ Full Time ☐ Part Time ☐ N / A

SERVICE FOCUS
ADLs: ☐ Feeding ☐ Dressing ☐ Hygiene
HANDWRITING: ☐ Prewriting ☐ Manuscript ☐ Cursive ☐ Keyboarding ☐ HWT ☐ Other:
OBJECT MANIPULATION: ☐ Grasp ☐ Toy / Tool Use ☐ Switch ☐ Other:
SENSORY NEEDS: ☐ Environmental Accommodations ☐ Sensory Strategies (copy in working folder)
ASSISTIVE TECHNOLOGY: (copy of requests in working folder)
ACCOMMODATIONS / MODIFICATIONS:

EQUIPMENT			
☐ Cup:	☐ Scissors:	☐ W / C:	☐ Word Processing Device:
☐ Plate / Bowl:	☐ Pencil Grip:	☐ Lap Tray	☐ Computer:
☐ Utensils:	☐ Paper:	☐ Suction Dowel	☐ Adapted Mouse:
☐ Dressing:	☐ Slantboard	☐ Chair:	☐ Software:
☐ Toileting:	☐ Typing Stick	☐ Fidget Toys	☐ Adapted Keyboard:
☐ Dycem:	☐ Keyguard	☐ Splint:	☐ Other:
☐ Weighted Blanket	☐ Weighted Vest	☐ Other:	☐ Other:

OTHER IMPORTANT INFORMATION	
Due First Nine Weeks: ☐ IEP ☐ Triennial	In Working Folder: ☐ Current IEP / 504 ☐ OT goals highlighted
Before 1st Week of School: ☐ Meet w / teacher ☐ Meet w / team	
Other:	

_____ _____

Occupational Therapist Date

Physical Therapy End of Year Summary **Date:**_____

Name: **D.O.B.:**
Parent/Guardian: **Address:**
Phone Number: **Doctor:**
Therapist: **Diagnosis/Disability:**
Date Triennial Due: **Program:**
New IEP Due: **IEP PT freq. For Sept. 200_:** _____

Medical/Surgical Update: _____

_____

Equipment Used:

FUNCTIONAL SKILL	EQUIPMENT NEEDED	LEVEL OF FUNCTION	ASSISTANCE NEEDED
GENERAL MOBILITY ☐ Wheelchair ☐ Stroller	☐ manual ☐ power	☐ Independent ☐ Dependent	
☐ Ambulator	☐ walker ☐ crutches ☐ gait trainer	☐ Independent ☐ Dependent	
ADLs ☐ Toileting	☐ rails ☐ special seat ☐ step / stool	☐ Independent ☐ Dependent	
☐ Lunch	☐ special seat: _____	☐ Independent ☐ Dependent	
☐ Bus	☐ lift ☐ stairs ☐ carry	☐ Independent ☐ Dependent	
⇒Transportation	☐ w / c ☐ car seat ☐ harness ☐ seatbelt		

Does student have an aide? _____No _____Yes **If yes, check one:** ☐ Full ☐ Part-time ☐ Shared: _____
New Equipment Pending and Vendor: _____
_____

Summary of Progress:

_____
_____

Use other side for additional comments ®

Appendix H: Virginia College and University Therapy Programs

Occupational Therapy

Shenandoah University
Occupational Therapy Program
333 West Cork Street, 5th Floor
Winchester, VA 22601
(540) 665-5559
<http://www.su.edu/ot>

Virginia Commonwealth University
1000 E. Marshall Street
P.O. Box 980008
Richmond, VA 23298-0008
(804) 828-2219
<http://www.saph.vcu.edu/occu>

James Madison University
Occupational Therapy Program
Department of Health Sciences
College of Integrated Science and Technology, MSC 4301
Harrisonburg, VA 22807-0001
(540) 568-2399
<http://www.jmu.edu/>

College of Health Sciences
Occupational Therapy Program
Community Hospital of Roanoke Valley
920 S. Jefferson Street
Roanoke, VA 24016
(540) 985-8594
<http://<http://www.chs.edu/>

Physical Therapy

Hampton University
Physical Therapy Program
Hampton, VA 23668
(757) 727-5328, (800) 624-3328
<http://www.hamptonu.edu/>

Marymount University
Physical Therapy Program
2807 N. Glebe Road
Arlington, VA 22207
(703) 284-1500, (800) 548-7638
<http://www.marymount.edu/>

Old Dominion University
Physical Therapy Program
Norfolk, VA 23529
(757-683-3000
< http://www.odu.edu/>

Shenandoah University
Physical Therapy Program
333 West Cork Street, 5th Floor
Winchester, VA 22601
(540) 665-5559
<http://www.su.edu/pt>

Virginia Commonwealth University
Department of Physical Therapy
1000 E. Marshall Street
P.O. Box 980008
Richmond, VA 23298-0008
(804) 828-2219
<http://www.vcu.edu/pt>

Occupational Therapy Assistant

Tidewater Community College
Occupational Therapy Assistant Program
1700 College Crescent
Virginia Beach, VA 23456-1918
(757) 822-7273
<http://www.tcc.vccs.edu/vabeach/hstdiv/ota/index.htm>

College of Health Sciences
Occupational Therapy Assistant Program
Community Hospital of Roanoke Valley
920 South Jefferson Street
Roanoke, VA 24016-4443
(540) 985-8594
<http://www.chs.edu/>

Southwest Virginia Community College
Occupational Therapy Assistant Program
P.O. Box SVCC
Richlands, VA 24641-1101
(276) 964-7643 or (276) 935-7748
<http://www.sw.vccs.edu/>

Physical Therapy Assistant

College of Health Sciences
Physical Therapy Assistant Program
Community Hospital of Roanoke Valley
920 S. Jefferson Street
Roanoke, VA 24016
(540) 985-8594
<http://www.chs.edu/>

Tidewater Community College
Physical Therapy Assistant Program
1700 College Crescent
Virginia Beach, VA 23456-1918
(757) 822-7273
<http://www.tcc.vccs.edu/vabeach/hstdiv/ota/index.htm>

Northern Virginia Community College
Physical Therapy Assistant Program
4001 Wakefield Chapel Road
Annandale, VA 22003-3723
(703) 323-3000
<http://www.nv.cc.va.us/>

Wytheville Community College
Physical Therapy Assistant Program
1000 E. Main Street
Wytheville, VA 24382
(800) 468-1195
<http://www.wcc.vccs.edu/>

Appendix I: Equipment Vendors

Intervention

Alimed, Inc.
297 High Street
Dedham, MA 02026
(800) 225-2610
<http://www.alimed.com/>

Best Priced Products, Inc.
P. O. Box 1174
White Plains, NY 10602
(800) 824-2939
<http://www.best-priced-products.com/>

Danmar Products, Inc.
221 Jackson Industrial Drive
Ann Arbor, MI 48103
(800) 783-1998
<http://www.danmarproducts.com/>

Flaghouse
601 Flaghouse Drive
Hasbrouck, NJ 7604-3116
(800) 793-7900
<http://www.flaghouse.com/>

GE Miller, Inc.
45 Saw Mill River Road
Yonkers, NY 10701
(800) 431-2924

Consumer Care Products
1446 Pilgrim Road
Plymouth, WI 53073
(920) 893-4614
<http://www.comsumercareinc.com/>

Equipment Shop
P. O. Box 33
Bedford, MA 01730
(800) 525-7681
<http://www.equipmentshop.com/>

Sammons Preston, Inc.
Ability One Corporation
4 Sammons Court
Bollingbrook, IL 60440
(800) 323-5547
<http://www.sammonspreston.com/>

Kaye Products, Inc.
535 Dimmocks Mill Road
Hillsborough, NC 27278
(919) 732-6444
<http://www.kayeproducts.com/>

OT Ideas, Inc.
124 Morris Turnpike
Randolph, NJ 07869
(877) 768-4332
<http://www.otideas.com/>

Rifton for People with Disabilities
359 Gibson Hill Road
Chester, NY 10918-2321
(800) 777-4244
<http://www.rifton.com/>

Abilitations/Sportime/Chimetime
One Sportime Way
Atlanta, GA 30340
(800) 850-8602
<http://www.abilitations.com/>

TherAdapt Products, Inc.
17 W. 163 Oak Lane
Bensenville, IL 60106
(800) 261-4919
<http://www.theradapt.com/>

K & L Resources
P. O. Box 2612
Springfield, VA 22152
(703) 455-1503

Handwriting Without Tears
Mrs. Jan Olsen, OTR
8001 MacArthur Boulevard
Cabin, John, MD 20818
(301) 263-2700
<http://www.hwtears.com/>

Therapro
225 Arlington Street
Framingham, MA 01701-8723
(800) 257-5376
<http://www.theraproducts.com/>

Southpaw Enterprises
P. O. Box 1047
Dayton, OH 45401
(800) 228-1698
<http://www.southpawenterprises.com/>

Sunrise Medical
2355 Crensahw Boulevard, Suite 150
Torrance, CA 90501
(800) 388-4083
<http://www.sunrisemedical.com>

Troll Learn and Play
100 Corporate Drive
Mahwah, NJ 07430
(800) 541-1097
<http://www.troll.com/>

Pro-Ed
8700 Shoal Creek Boulevard
Austin, TX 78758-6897
(800) 897-3202
<http://www.proedinc.com/>

Benik Corporation
11871 Silverdale Way, NW #107
Silverdale, WA 98383
(800) 442-8910
<http://www.benik.com/>

Therapy Skill Builders
19500 Belverde Road
San Antonio, TX 78204-2498
(800) 211-8378
<http://www.psychcorp.com/>

Pocket Full of Therapy
P. O. Box 174
Morganville, NJ 07751
(732) 441-0404
<http://www.pfot.com/>

Therapy Shoppe, Inc.
P. O. Box 8875
Grand Rapids, MI 49515
(616) 863-5978
<http://www.therapyshoppe.com/>

Achievement Products

P. O. Box 9033
Canton, OH 44711
(800) 373-4699
<http://www.achievementproducts.com/>

Rifton Equipment
P. O. Box 901, Rt. 213
Rifton, NY 12471-0901
(800) 777-4244
<http://www.rifton.com/>

Braces and Orthotics Materials

Alimed, Inc.
297 High Street
Dedham, MA 02026
(800) 225-2610
<http://www.alimed.com/>

Sammons Preston, Inc.
4 Sammons Court
Bollingbrook, IL 60440
(800) 323-5547
<http://www.sammonspreston.com/>

North Coast Medical
18305 Suter Boulevard
Morgan Hill, CA 95037-2845
(800) 821-9319
<http://www.ncmedical.com/>

Rolyan Ability One
Division of Sammons Preston
4 Sammons Court
Bollingbrook, IL 60440
(800) 323-5547
<http://www.sammonspreston.com/>

Tri-Wall Containers Company
2626 Country Road 71
Butler, IN 46721
(260) 868-2151
<http://www.triwall.com/>

Benik Corporation
11871 Silverdale Way, NW #107
Silverdale, WA 98383
(800) 442-8910
<http://www.benik.com/>

Seating Systems

Amigo Mobility
6693 Dixie Highway
Bridgeport, MI 48722
(800) 692-6446
<http://www.myamigo.com/>

Best Priced Products, Inc.
P. O. Box 1174
White Plains, NY 10602
(800) 824-2939
<http://www.best-priced-products.com/>

Everest and Jennings
2935 Northeast Parkway
Atlanta, GA 30360
(800)788-3633
<http://www.everestjennings.com/>

Gunnell, Inc.
1165 Portland Avenue
Millington, MI 48746
(800) 551-0055
<http://www.gunnell-inc.com/>

Sunrise Medical
2355 Crensahw Boulevard, Suite 150
Torrance, CA 90501
(800) 388-4083
<http://www.sunrisemedical.com/>

Mulholland Positioning Systems
215 N. 12th Street, P. O. Box 391
Santa Paula, CA 93060
(805) 543-4769
<http://www.mulhollandinc.com/>

Invacare Corp.
39400 Taylor Street
Northridgeville, OH 44039
(800) 333-6900
<http://www.invacare.com/>

Otto Bock Orthopedic Industry, Inc.
Two Carlson Parkway, Suite 100
Minneapolis, MN 55447-4467
(800) 328-4058
<http://www.ottobockus.com/>

Kid-Kart, Inc. sold by
Sunrise Medical
2355 Crensahw Boulevard, Suite 150
Torrance, CA 90501
(800) 388-4083
<http://www.sunrisemedical.com/>

Quickie Wheelchairs
513 W. Thomas Road
Phoenix, AZ 85013
(800) 236-4215
<http://www.quickiewheelchairs.com/>

Ortho-Kinetics, Inc.
W220 N507 Springdale Road
Waukesha, WI 53187
(800) 558-7786

Snug Seat, Inc.
P. O. Box 1739
Matthews, NC 28106
(800) 336-7684
<http://www.snugseat.com/>

Roho, Inc.
100 Florida Avenue
Belleville, IL 62222
(618) 277-9150
<http://www.crownthera.com/>

Independent Living

Adaptability
75 Mill Street
Colchester, CT 06415
(800) 937-3482
<http://www.adaptability.com/>

Sammons Preston, Inc.
4 Sammons Court
Bollingbrook, IL 60440
(800) 323-5547
<http://www.sammonspreston.com/>

Clothing

Adaptations by Adrian
P. O. Box 65
San Marcos, CA 92079-0065
(800) 831-2577
<http://www.adrianscloset.com/>

Special Clothes
P. O. Box 4220
Alexandria, VA 22303
(508) 896-7939

Toys

Andeles Toys, Inc.
9 Capper Drive
Dailey Industrial Park
Pacific, MO 63069

Nintendo of America
P. O. Box 957
Redmond, WA 98073
(800) 255-3700
<http://www.nintendo.com/>

Toys for Special Children
85 Warburton Avenue
Hastings-on-Hudson, NY 10706
(800) 832-8697
<http://www.enablingdevices.com/>

Triaid, Inc.
P. O. Box 1364
Cumberland, MD 21501-1364
(301) 759-3525
<http://www.triaid.com/>

Communication/Technology

Apple Computer, Inc.
Attn: Inside Sales
2420 Ridgepoint Drive
M/S 198 ED
Austin, TX 78754
(800) 800-2775
<http://www.apple.com/>

Communication Aids for
Children and Adults
c/o Crestwood Company
6625 N. Sidney Place, Dept. 21F
Milwaukee, WI 53209-3259
(414) 352-5678
<http://www.communicationaids.com/>

IBM Corporation
Accessibility Center
11400 Burnet Road
Austin, TX 78758
(800) 426-4832
<http://www.3.ibm.com/able/>

Prentke Romich
1022 Heyl Road
Wooster, OH 44691
(800) 262-1984
<http://www.prentrom.com/>

Ablenet, Inc.
1081 Tenth Avenue, S. E.
Minneapolis, MN 55414
(800) 322-0956
<http://www.ablenetinc.com/>

Edmark

Don Johnston, Inc.
26799 West Commerce Drive
Volo, IL 60073
(800) 999-4660
<http://www.donjohnston.com/>

LC Technologies
9455 Silver King Court
Fairfax, VA 22031
(703) 385-7133
<http://www.eyegaze.com/>

Enabling Devices
Division of Toys for Special Children
385 Warburton Avenue
Hastings-on-Hudson, NY 10706
(800) 832-8697
<http://www.enablingdevices.com/>

AlphaSmart, Inc.
973 University Avenue
Los Gatos, CA 95032
(800) 274-0680
<http://www.alphasmart.com/>

Canon USA, Inc.
1 Canon Plaza, Bldg. C
Lake Success, NY 11042
(800) 652-2666
<http://www.usa.canon.com/>

Laetare Solutions

399 Boylston Street
Boston, MA 02116
(617) 778-7600
<http://www.riverdeep.net/>

2409 Belair Drive
Bowie, MD 20715
(888) 466-7294
<http://www.mdtap.org/>

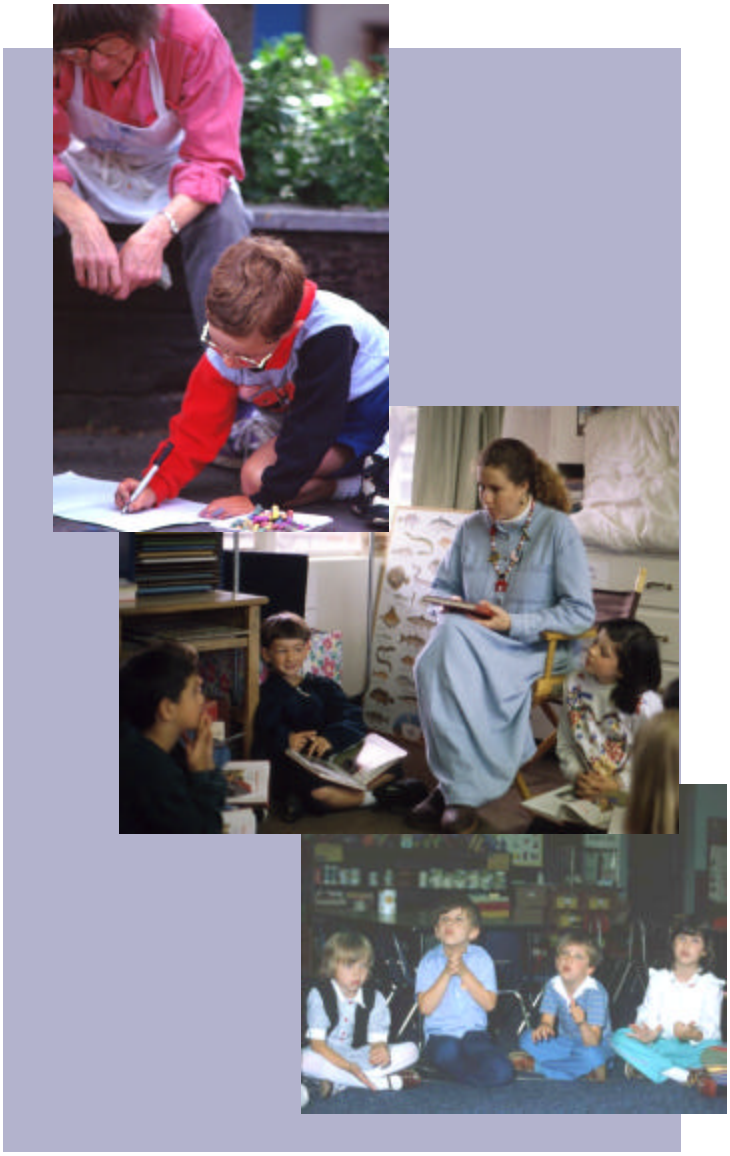
Key Technologies, Inc.
P. O. Box 1997
Morganton, NC 28680-1997
(828) 433-5302

Dynavox Systems LLC
2100 Wharton Street, Suite 400
Pittsburgh, PA 15203
(800) 344-1778
<http://www.dynavoxsys.com/>

Envision Technology
4905 DelTay Avenue, Suite 220
Bethesda, MD 20814
(301) 652-1761
<http://www.envisiontechnology.org/>

Intellitools, Inc.
1720 Corporate Circle
Petaluma, CA 94954
(707) 773-2000
<http://www.intellitools.com/>

Appendix J: Sample Performance Appraisal Criteria Forms



CHESTERFIELD COUNTY PUBLIC SCHOOLS

PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, AUDIOLOGISTS,
AND EDUCATIONAL LIASONS PERFORMANCE EVALUATION

Name_____ Location_____Date_____

Check 1, 2, 3, 4, 5 or NA For Each Category
1-Unsatisfactory 2-Below Average 3-Average 4-Above Average 5-Superior
NA-Not Applicable

I. EVALUATION	1	2	3	4	5	NA
1. Assists in identifying students needing evaluation and/or services.						
2. Performs formal observations and/or evaluation procedures which provide information as to the strengths and weaknesses of the students.						
3. Determines educational implications of evaluation findings.						
4. Presents written/oral reports to school special education committee and when appropriate to parents.						
5. Performs evaluations within time frame agreed upon by school and specialist.						
II. TREATMENT						
1. Works cooperatively with school staff, parents and personnel in community agencies: - to determine IEP objectives, frequency and scheduling of direct intervention,						
- to implement objectives using appropriate techniques,						
- to evaluate progress regularly and document on the IEP,						
- to redesign treatment program as student progresses or regresses,						
- to determine the appropriate time to discontinue treatment following county guidelines.						
III. CONSULTATION						
1. Works with school staff to determine appropriate placement for students with disabilities.						
2. Suggests modifications to the physical environment of the educational setting and requests when appropriate.						
3. Provides effective consultation to teachers: - to provide information concerning the students' special needs and the intervention plan,						
- to program for generalization of newly learned skills into the classroom,						
to allow the shaping away of services as the teacher becomes more proficient in meeting the students' needs in the classroom.						
4. Attempts to provide effective consultation to the parents: - to provide information concerning available community resources,						
- to program generalization of newly learned skills in the home,						
- to allow the shaping away of services as the parents become more proficient in meeting the students' needs in the home.						
5. Provides effective consultation to administrators: - to make aware of treatment plan and update progress periodically,						
- if necessary, to secure teacher cooperation in meeting students' objectives and goals through appropriate administrative channels,						

- to help determine which students should be referred for special education services,						
- to advise concerning appropriate strategies for students not found eligible for special education services,						
- to collaborate with administrators when special problems arise.						
IV. PROFESSIONAL ISSUES						
1. Maintains good rapport with school personnel.						
2. Appearance falls within guidelines acceptable to individual school settings.						
3. Demonstrates a positive attitude toward work.						
4. Behaves and communicates in a professional manner.						
5. Follows county guidelines for appropriate paperwork.						
6. Provides appropriate supervision for paraprofessional (PT/OT)						
V. PROFESSIONAL GROWTH						
1. Listens to new ideas, viewpoints and procedures and can accept and adjust to change.						
2. Continues to pursue professional development.						
3. Implements advances in specialists' fields.						
4. Presents and/or attends in-service presentations.						

SUMMARY EVALUATION

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RECOMMENDATIONS (check one)

❒ I recommend annual probationary reemployment
❒ I do not recommend reemployment
❒ I recommend continuing contract status
❒ I recommend probation

_____ _____

Signature of Evaluator Signature of Evaluatee

Note: Signature of Evaluator and Evaluatee required. Signature of Evaluatee does not imply agreement with the evaluation, but simply indicates that the Evaluatee has seen the evaluation. If the Evaluatee wishes to comment, he/she may do so and attach it to the personnel copy of the evaluation form.